EXPANSION OF THE AFFILIATION OF THE MURFREESBORO VA MEDICAL CENTER AND MEHARRY MEDICAL COLLEGE

HEARING

BEFORE THE

SPECIAL OVERSIGHT
SUBCOMMITTEE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

SECOND SESSION

SEPTEMBER 1, 1982

Serial No. 97–77

Printed for the use of the Committee on Veterans' Affairs

U.S. GOVERNMENT PRINTING OFFICE
99-590 O WASHINGTON : 1982

H761-40

COMMITTEE ON VETERANS' AFFAIRS

G. V. (SONNY) MONTGOMERY, Mississippi, *Chairman*

DON EDWARDS, California
JACK BRINKLEY, Georgia
RONALD M. MOTTL, Ohio
BOB EDGAR, Pennsylvania
SAM B. HALL, JR., Texas
DOUGLAS APPLEGATE, Ohio
MARVIN LEATH, Texas
WILLIAM HILL BONER, Tennessee
RICHARD C. SHELBY, Alabama
DAN MICA, Florida
THOMAS A. DASCHLE, South Dakota
BOB STUMP, Arizona
MATTHEW G. MARTINEZ, California
PHIL GRAMM, Texas
AUSTIN J. MURPHY, Pennsylvania
BYRON L. DORGAN, North Dakota
ANTONIO WON PAT, Guam
JOHN PAUL HAMMERSCHMIDT, Arkansas
MARGARET M. HECKLER, Massachusetts
CHALMERS P. WYLIE, Ohio
ELWOOD HILLIS, Indiana
HAROLD S. SAWYER, Michigan
GERALD B. H. SOLOMON, New York
JIM JEFFRIES, Kansas
BOB McEWEN, Ohio
JIM DUNN, Michigan
CHRISTOPHER H. SMITH, New Jersey
ALBERT LEE SMITH, JR., Alabama
DENNY SMITH, Oregon
MARK D. SILJANDER, Michigan
JOHN L. NAPIER, South Carolina
JAMES L. NELLIGAN, Pennsylvania

MACK FLEMING, *Chief Counsel and Staff Director*

CONTENTS

SEPTEMBER 1, 1982

	Page
Expansion of the Affiliation of the VA Medical Center and Meharry Medical College	1

STATEMENTS OF COMMITTEE MEMBERS

Chairman Boner	1

WITNESSES

Cayce, Charles M., retired service officer, Veterans of Foreign Wars	28
Deering, John, president, Chapter 46, Vietnam Veterans of America	29
Greene, Barney W., department adjutant and finance officer, Department of Tennessee, the American Legion	24
Hudgens, Joe F., consultant to the National Commander for Veterans' Benefits, the American Legion	26
Murphy, John, VA General Counsel, Washington, D.C., accompanied by Dr. Earl Brown, VA Associate Deputy Chief Medical Director, Washington, D.C., and Mr. Robert S. Pepiot, Director, VA Medical Center, Murfreesboro, Tenn	13
Prepared statement of Mr. Murphy	39
Parker, Bill, adjutant, Department of Tennessee, Disabled American Veterans	27
Roden, William H., commissioner, Department of Veterans' Affairs, State of Tennessee	20
Prepared statement of Mr. Roden	40
Satcher, Dr. David, president, Meharry Medical College, Nashville, Tenn., accompanied by Dr. C. W. Johnson, vice president for academic affairs, Dr. Harold Thompson, assistant dean, and Kenneth U. Jordan, vice president for administrative affairs and general counsel, all of Meharry Medical College	4
Prepared statement of Dr. Satcher	35

EXPANSION OF THE AFFILIATION OF THE MURFREESBORO VA MEDICAL CENTER AND MEHARRY MEDICAL COLLEGE

WEDNESDAY, SEPTEMBER 1, 1982

HOUSE OF REPRESENTATIVES,
SPECIAL OVERSIGHT SUBCOMMITTEE,
COMMITTEE ON VETERANS' AFFAIRS,
Nashville, Tenn.

The subcommittee met, pursuant to notice, at 11 a.m., in room 16, Legislative Plaza, Hon. William Hill (Bill) Boner (chairman of the subcommittee) presiding.

Present: Representative Boner.

OPENING STATEMENT OF HON. WILLIAM HILL BONER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mr. BONER. Good morning. The subcommittee will come to order.

The chairman of the House Committee on Veterans' Affairs, Hon. G.V. (Sonny) Montgomery, has named me chairman of a Special Oversight Subcommittee to receive testimony on a Veterans' Administration construction project at the Murfreesboro VA Medical Center to provide facilities for the planned expansion of the affiliation between the Murfreesboro VA Medical Center and Meharry Medical College.

Meharry Medical College here in Nashville requested Federal assistance in securing a sound fiscal foundation and bolstering clinical resources needed for accreditation. In response to this request and with the support of myself, Congressman Gore, and other Members of Congress in the Senate from Tennessee, President Reagan announced his intention to support Meharry Medical College through a strong affiliation with the VA Medical Center in Murfreesboro.

Accordingly, after negotiations between the VA and Meharry Medical College, the Administrator informed the Congress that $17 million will be required for a construction project at the Murfreesboro VA Medical Center for the planned conversion of existing intermediate care beds to acute medical and surgical beds, since approximately 200 teaching beds are required to facilitate the stronger affiliation between the VA and Meharry Medical College. Additionally, a modest surgical program will be established, as well as an ambulatory care clinic; $1.7 million will be reprogramed in the fiscal year 1983 budget to begin the architectural and engineering work.

Public Law 96-22 provides that no appropriation shall be made for construction, alteration or acquisition of any VA medical facility costing more than $2 million without the House and Senate Veterans' Affairs Committees having adopted resolutions approving the project.

In order to expedite the approval process, we are holding this hearing to receive testimony from the Veterans' Administration, Meharry Medical College officials, as well as representatives of the veterans' service organizations.

I might add, at this point, that our office, working with the Veterans' Affairs Committee, has contacted every veterans organization in this community and across the State or its leadership to insure that everyone would have an opportunity to participate in the hearing this morning.

As a member of the Committee on Veterans' Affairs since my election to the 96th Congress, I have been vitally interested in the provision of quality health care to our Nation's veterans. I serve on the Subcommittee on Hospitals and Health Care, and my service on that subcommittee has convinced me of the fact that better medical care and services are provided in hospitals that are affiliated with medical schools. As the Congressman representing the district in which Meharry Medical School is located, I believe an affiliation with the VA Medical Center in Murfreesboro will enhance the educational opportunities of Meharry's students, as well as provide financial assistance to a school which has produced so many fine doctors, dentists, and nurses.

Before we hear from our witnesses, I want to read a brief letter from the Honorable Albert Gore, who represents the district in which the Murfreesboro VA Medical Center is located. Al was unable to join us this morning due to a prior commitment, but he has been strongly supportive of this project and has worked closely with me to bring it to fruition.

His letter is as I will now read:

One of the most important issues facing veterans today is the dependability of the United States Government to provide adequate health care now and in the future.

Older veterans need space for more nursing home care. Younger veterans have special acute care needs, especially those still in the early years of their disabilities.

The veteran population is dynamic. As younger veterans pass into their middle years, and as middle age veterans pass into their senior years, their specific needs change. But, as a group, we should seek to care for them with the same degree of commitment they showed to the nation when the nation called upon them.

The expansion of the Murfreesboro Veterans Center gives us the unique opportunity to serve our veterans better while at the same time giving our future doctors in-depth training. Middle Tennessee already has a reputation for a level of health care and training unequaled over the nation. And, with the continuation of the spirit of dedication to service, I am confident new heights are yet to be achieved.

I want to offer my congratulations to the faculty and administration of Meharry College for their efforts to seek ever-improving training for their resident physicians and for their success today. I want to offer my congratulations to the staff and administration of the Veterans' Medical Center for their dedication to improving care for our veterans. And I want to offer my congratulations to Tennessee's exemplary veterans service organizations for their advocacy of the needs of veterans in the region, and their success.

And last, but not least, I want to thank Nashville's Congressman, Bill Boner, for helping focus attention, through the Veterans' Committee, on the need for oversight in coordinating health care policy for Tennessee's veterans.

Our first witness this morning will be Dr. David Satcher, president of Meharry Medical College. Dr. Satcher will be accompanied by Dr. C. W. Johnson, vice president for Academic Affairs; Dr. Harold Thompson, assistant dean, and Mr. Kenneth Jordan, who is the vice president for administrative affairs and general counsel. Dr. Satcher will then be followed by Mr. John Murphy, General Counsel of the Veterans' Administration. Mr. Murphy is accompanied by Dr. Earl Brown, Associate Deputy Chief Medical Director, and Mr. Robert S. Pepiot, Director of the VA Medical Center at Murfreesboro.

I also feel that I should acknowledge the presence of Jerry Springer who is the VA Chief Counsel here in the Nashville office. While he will not be serving as a panel member or participating as a witness, he certainly has given a great deal of counsel to the VA in this area and on the Washington level as well.

Our next witnesses will be William H. (Dusty) Roden, Commissioner, Department of Veterans' Affairs of the State of Tennessee; Mr. Barney W. Greene and Mr. Joe F. Hudgens of the American Legion; Mr. Bill Parker of the Disabled American Veterans; Mr. Charles Cayce of the Veterans' of Foreign Wars; and Mr. John Deering of the Vietnam Veterans of America.

I want to once again reiterate that I am well aware of the sensitivity that exists among all of our veterans organizations and it has been our hope and our endeavor to see that every organization who wanted to participate in this hearing would have the opportunity to do so. The absence of any organization not participating is, and we believe, by their own voluntary choosing and not by any omission on the part of the VA or the Veterans' Affairs Committee.

Due to the number of witnesses, I request that all witnesses limit their oral statements to no more than 5 minutes. That clock will be used to expedite this hearing. When the bell rings your time has expired, so please be as brief and as succinct as possible.

Your complete prepared statements will, of course, be made a part of the hearing record.

I will ask at this time that Dr. Satcher come forward. We welcome you and look forward to your testimony and the other witnesses participating in the panel.

I also will ask that the other witnesses please come forward and join you at the table.

There are several questions that have been raised by various members representing the veterans organizations. I believe we have those questions in hand and they will be directed to the appropriate officials at the appropriate time. In the event that some of the witnesses testifying have to leave the hearing, we will submit in writing questions that any individual or representative of an organization wishes to have answered.

Dr. Satcher, we welcome you and the participants in this panel and we will say to you once again that your prepared statement of course, will be a part of the hearing record.

STATEMENT OF DR. DAVID SATCHER, PRESIDENT, MEHARRY MEDICAL COLLEGE; DR. C. W. JOHNSON, VICE PRESIDENT FOR ACADEMIC AFFAIRS; DR. HAROLD THOMPSON, ASSISTANT DEAN; KENNETH U. JORDAN, VICE PRESIDENT FOR ADMINISTRATIVE AFFAIRS AND GENERAL COUNSEL

STATEMENT OF DR. DAVID SATCHER

Dr. SATCHER. Thank you, Congressman Boner and members of this Special Oversight Subcommittee of the Committee on Veterans' Affairs of the House of Representatives.

First, I would like to express our appreciation for your concern and for this opportunity to testify regarding the proposed expanded affiliation between Murfreesboro VA Medical Center and Meharry. I will try to keep my comments brief.

First, we wanted to point out that Meharry continues to be, we feel, a very important institution in this country. As it is well known, Meharry, historically, has been responsible for the training of more than 40 percent of the black physicians and dentists in this country and also more than 40 percent of the members of the medical school faculties in this country who are black.

Meharry has also, I think, made a significant contribution to medical care for the underserved in that 80 percent of Meharry's graduates have served in rural and inner city communities in this country.

We think that history is important not just for the past, but for the future also.

Meharry's major plight can probably be described as one in which it has not received adequate resources or support locally or nationally. That was first pointed out by Abraham Flexner in 1909 and I think that's also true today.

Today, of course, many things have changed in this country but still less than 3 percent of the physicians and dentists in this country are black and blacks are not adequately represented among the biomedical scientists in this country and Meharry is playing a role in that endeavor also.

To understand the significance of this affiliation for Meharry, I think we have to look at Meharry's present goals for the 1980's. They are not new goals, but they are goals that need to be discussed anew, I think. And they are financial stability, academic excellence, and accountability.

As far as academic excellence is concerned, Meharry has faced three major barriers for academic excellence. One has been the ratio of students to faculty. In a study by the Robert Wood Johnson Foundation in 1980 it was pointed out that Meharry's faculty-to-student ratio is less than one-half of that of the average medical school in this country. So, one of our goals is to double the size of our faculty.

Another major goal relates to increasing our access to clinical facilities which is a major barrier to academic excellence at Meharry. So, this proposed affiliation is very important to Meharry as it relates to the availability of clinical facilities for our students. The average medical school has about six beds per student in their clinical years of training. Meharry has less than one bed per stu-

dent. So access to publicly funded facilities has been the subject of a lot of concern.

The issue of accountability is important for Meharry because what we are committing ourselves to do and to be is accountable to our constituents, accountable to those who invest in Meharry, accountable to patients, accountable to students to provide quality care and quality medical education.

In that regard then this affiliation has great significance for Meharry. We feel that the significance includes the whole issue of increasing the number of beds available to our students in medicine and surgery and in psychiatry and support services.

The affiliation has financial significance to Meharry because it is clear, for example, that the Nashville VA hospital means more than $6 million a year to Vanderbilt's budget. It means salaries for faculty and that also is important to Meharry as we move into the 1980's.

We also feel that there is significance to the veterans and we are happy to have this opportunity to testify in conjunction with representatives of veterans organizations. We feel that this affiliation will provide a full range of medical and surgical services to the veteran patients of this community. We feel that Meharry's interest in geriatrics and gerontology will be meaningful to the veteran population as it becomes an increasingly aging population.

We feel that Meharry's history and experience in terms of sensitivity to the needs of patients, families, and community will be important for the veterans in our community.

Therefore, we enter into this affiliation with the feeling that Meharry has a lot to offer to the veterans of our community, but also that Meharry's involvement with the Murfreesboro VA will mean that that facility would be more attractive to quality physicians in this country, that our students who have experience there would be encouraged to seek careers in Veterans' Administration hospitals, that Meharry would bring a special interest in research in geriatrics and hypertension and several other neglected areas.

We have some concerns and first our concern is that we move expeditiously in developing this expanded affiliation because we feel that that kind of movement is important to Meharry and to Murfreesboro VA.

We are also very concerned that the programs developed at Murfreesboro be quality programs. We do not feel that we can live up to our obligations to the veterans or to our students unless we develop a quality program of medicine and surgery at the Murfreesboro VA Hospital.

If anyone knows the history of Meharry and institutions like Meharry then you understand that we are often blamed for our handicaps although those handicaps might have been created by others. We are, concerned that in this affiliation that we are not handicapped in our ability to provide quality medical care and therefore we will not accept less than what we consider to be quality in our relationship with the Murfreesboro VA Hospital.

I think it was Paul Tillick who said there is nothing so American as new beginnings. And despite the history of neglect to the men served in this country and neglect in terms of support for institutions like Meharry, we view each new beginning as an opportunity

99-590 O - 82 - 2

for Meharry, but also an opportunity for this country to make a new commitment to the American dream in terms of opportunities for all people and that is how we view this affiliation and we thank you for this opportunity.

[The prepared statement of Dr. Satcher appears on p. 35.]

Mr. BONER. Thank you, Dr. Satcher. I have several questions. I will address the questions to you but if you feel it is more appropriate that members of the panel respond, please have them do so.

I am aware that you are relatively new to the city of Nashville. I recognize that time may not have given you the opportunity to be as versed on certain subjects as some of your longer time staff members are.

There are several questions that have been submitted either by our committee or by veterans organizations.

Is Meharry affiliated with any other hospital or medical facility operated by the private sector or the VA at the present time?

Dr. SATCHER. I will ask Dr. Johnson to comment on that. As you know because of the deficiencies which we have in terms of access to clinical beds for our students, we have agreements with several institutions, many of them outside of Tennessee like Providence Hospital in Baltimore, in which we send students for rotations in their clinical years. Just this particular year, of course, working with the Council of Deans we have got several schools throughout the country which have agreed to accept two or three of Meharry's students in their clinical years to facilitate our ability to provide the kind of educational experience they need in their clinical years.

So, we have very loose affiliations in that sense.

Do you want to comment, Dr. Johnson?

Dr. JOHNSON. Actually that took a lot of time—the affiliation of which Dr. Satcher speaks is out-of-town and it is in Baltimore with Providence Hospital. That is not satisfactory and obviously we do not have an affiliation with any Veterans' Administration facility. Some time earlier we had a loose affiliation with Tuskegee in Alabama but that affiliation no longer exists.

As he mentioned, we have an interim kind of agreement with other medical schools outside of Nashville which are accepting small numbers of our students for rotation for their third year of medicine.

Mr. BONER. Is it uncommon that a medical college, located in one city, would send students to hospitals outside that city to meet the needed accreditation requirements?

Dr. SATCHER. It is unusual for medical students to be sent outside of the city of the medical school's existence for part of their training and it is a handicap. The medical school has a limited ability to monitor and control the experiences of its students. The students have to pay often times transportation fees and housing in these other cities. So, it is a handicap and it is unusual.

Mr. BONER. While some of the questions we may ask will not be directly related to veterans, I think that we are here because of the concerns of the veterans and of Meharry Medical College.

What is being done in the Nashville community with the private hospitals, both hospitals for profit and the nonprofit hospitals, to develop some type of relationship with them?

Dr. SATCHER. Again I am going to ask Dr. Johnson to comment on the details. But we have been busy meeting with private hospitals and discussing ways in which Meharry can become involved with them for the purpose of improving patient care, but also for the purpose of providing access for our students.

Do you want to discuss that in more detail?

Dr. JOHNSON. Yes. Up to this point we have had discussions with the hospital administrator of three private hospitals, one for profit hospital and two others which are not.

Mr. BONER. Can you identify those?

Dr. JOHNSON. Yes. Donelson Hospital, Memorial Hospital, and Madison Hospital.

We indicated that these initial visits represented visits of orientation indicating that we do indeed have a problem but we are not coming in the role of petitioners but coming in the role of potential partners with interest in terminal kinds of activities to which these institutions are committed.

We have indicated that we would like for them to come and visit us, to get acquainted with some of our top individuals as related to health care delivery. We will be making proposals to at least two of these in the very near future.

Dr. SATCHER. There will be other hospitals. These are the three that we've interacted with so far.

Mr. BONER. What is the status of the relationship that Meharry has with General Hospital and the proposed relationships that Meharry would like to see enacted?

Dr. SATCHER. Well, as you know, I think, the mayor has become involved with our request for equity of access to Nashville General Hospital and has met with the chairmen of the boards of Vanderbilt and Meharry.

As a result of that meeting, Vanderbilt and Meharry are now communicating in terms of developing a proposal for sharing the Nashville General Hospital. Our hope is—and we are operating in good faith—that the two institutions can come to an agreement which we can present jointly to the hospital board, the hospital commission of Nashville and that that will facilitate the development of a shared program.

Mr. BONER. I understand that last year some members of the graduating class, either did not pass their boards or were retained to continue their studies. As I understand it, this has created a larger than normal class size for this year. Is this an accurate assessment or can you better describe what has actually taken place there?

Dr. SATCHER. Our class size this year is smaller than it has been in several years, but your point is, I think, accurate in the sense that—let me give you a little background.

I think one thing that Meharry has done, and one of the things that attracted me to Meharry, was that Meharry has a record over the years of identifying bright young men and women, most of them black, who do not have the normative credentials to be admitted to medical school.

Many of those people are now on the faculties of medical schools that never would have admitted them as students. They would not have taken the chance on them, the risk. So, that is a part of Me-

harry's commitment that we would like to continue. But at the same time it threatens us because external accrediting bodies have difficulty with it.

Recently Meharry has made passage of national boards a requirement. Now, I hope you understand the majority of the medical schools in this country, including the one that I attended, Case-Western, do not require their students to pass the national boards in order to graduate. Meharry has made a decision because of the fact that we have something to prove, I think, because we take students who are classified as high risk that we will, in fact, use standards that are acceptable to everybody. So, we have just decided to upgrade our requirements in terms of students going from the second to the third year and our students graduating.

But in terms of the number of students who are repeating, I don't know the exact number, but I know our freshman class this year is smaller than last year by about 30 students both in terms of our decreased enrollment, from around 110 to 80, and because we do not have the same number of students repeating.

Mr. BONER. I also understand that the ratio of students-to-faculty was higher than what it should be. Is this correct?

Dr. SATCHER. Yes.

Mr. BONER. And you have stated that Meharry has reduced its freshman class this year.

Dr. SATCHER. Yes.

Mr. BONER. What is the projected ratio of students-to-faculty that the accreditation authorities have recommended for Meharry at the present time?

Dr. SATCHER. Well, the accreditation authorities really did not make a requirement on us based on the number of faculty. They based it mainly on the number of clinical beds that we have. There is a wide range in terms of faculty-student ratio in medical schools throughout the country and there are many who are accredited who have about the same ratio that we have. We are not happy with our ratio. We plan to double the size of our faculty in the next five years. We think we are going to get funding from some of the major foundations to do that. We have been meeting with Robert Wood Johnson, MacArthur, and Commonwealth. And they are willing to invest in—they consider it a capital investment in many ways.

So, the accrediting body, the LCME, did not give us a number of students based on our faculty. We made a proposal to the LCME that we would reduce our class size to 80 students for this year and that unless we got the clinical beds that were needed, at least four beds per student, we would continue to reduce the class. If we could, in fact, get the number of clinical beds that we needed, we would again increase the number of our students because we still have the problem. Less than 3 percent of the physicians in this country are black. So, we still have not solved that problem in this country and we are very sensitive to that. But we have said that unless we have the clinical facilities and the faculty we will not admit the students.

Mr. BONER. I did not make an A in math now. I am just figuring here.

Dr. SATCHER. Go right ahead.

Mr. BONER. If your goal is a 4-to-1 ratio, how many students will you have and how many clinical beds will you need?

Dr. SATCHER. I have my associate dean here who made an A in math. Dr. Thompson is working on it.

Dr. THOMPSON. In medical school the first 2 years are basically spent in the classroom situations learning the basic sciences. The latter 2 years, the junior and senior years, are spent in the hospital. Our situation now is such that we have a class size of roughly 100 juniors and approximately the same size seniors.

As Dr. Satcher has stated, for this year, we have approximately 30 juniors who are being sent out of town to participate in medical schools for the entire year. So that has decreased that requirement around to 70 present for that class.

Now, there are an additional 10 students who will be spending a significant proportion of this year, away at other schools doing one or more different rotations. That brings us down to approximately 60 students.

Considering a ratio of 4-to-1, we are talking about 60 times four, which is 240. At Meharry Hubbard right now we are running approximately—an average of around 150 beds. If you subtract that 150 from 240, you get about 90. So approximately 90 beds are what we are looking for.

Our seniors right now through negotiations are being accommodated in large part by the Vanderbilt system both at the Metro General and through the other associated Vanderbilt hospitals. This is acceptable only to the extent that it allows our students to have participation on these patients and exposure to the beds. But it does not give our residents access to these experiences, nor do we have staff members who can take direct responsibility for the product that we are producing and putting our name on.

So, there are tremendous needs even there. So we are saying that right now considering our present junior class that we are looking for at least an exposure to an additional 90 beds.

Mr. BONER. When the Murfreesboro facility is completed with the additional beds,—will Meharry be able to meet its teaching bed needs or will it continue to need to go into other areas?

Dr. SATCHER. No, our plans for the next 5 years include expansion of Hubbard Hospital, for example, to 400 beds. It means an expenditure of a large amount of money in terms of developing what is now in many cases shelves into hospital, you know, rooms and beds. But our plans include developing Hubbard to its full capacity of 400 beds.

So we are adding Hubbard, the Murfreesboro VA, and our relationship with private hospitals. We need at least 800 beds. You see, if we are going to have 200 students in the third and fourth-years, which we will average, you need at least 800 beds. And so we are figuring on these 200 from Murfreesboro, 400 in the future at Meharry and our relationship with the private hospitals compensating for the rest. We are looking at 800 to 1,200 beds over the next 5 years, to be honest with you, in terms of what we plan to do.

Mr. BONER. And with the 800 beds then comes your projection of students——

Dr. SATCHER. Yes.

Mr. BONER [continuing]. Of 100 juniors and 100 seniors?

Dr. SATCHER. Right.

We would point out that the majority of the medical schools in this country now make much of the fourth-year elective. The students can elect to do what they want to do in terms of surgery, subspecialties, medical subspecialties. So the third year of medical school is the most important in terms of clinical training and it is the one that we are most concerned about. But an institution has to have access to beds for both its third and fourth year students.

Mr. BONER. Dr. Satcher, would you please describe the past working relationship that has existed between Meharry's staff and that of the Murfreesboro VA Medical Center?

Dr. SATCHER. In part, I will, and then I will ask somebody else to comment. I think it goes back to probably, and Dr. David is going to comment on this, 1972, when an effort was made to develop an affiliation. And then in 1975, as I review the literature, they, in fact, put in writing an affiliation and there has been a limited affiliation where we have had medical residents and psychiatry residents at Murfreesboro since 1978, 1979. I think we probably have about six residents at Murfreesboro VA today and we expect to expand that by nine over the next few months.

Dr. Lester, of course, when he came on as interim president, proposed an expansion of this affiliation before we made the request for equal access to the Nashville VA and that proposal was turned down by the national VA headquarters. So, Meharry has had a very limited affiliation with Murfreesboro and so this opportunity for expansion has a historical basis.

Do you want to comment any more on that?

Dr. JOHNSON. Yes. I would like to point out that we had three services, psychiatry, family practice, and internal medicine, and the affiliation which did take place took place with Meharry subsidization. It was done without any remuneration at all from the Federal Government.

Mr. BONER. So Meharry was really subsidizing the VA?

Dr. JOHNSON. Right.

Mr. BONER. Has Vanderbilt ever had a relationship with the VA hospital in Murfreesboro?

Dr. SATCHER. I do not know the answer to that. I am sure Dr. David is going to answer that when he comes up.

Mr. BONER. One last question. I was pleased to note on page 8 of your statement that Meharry is committed to, among other things, the advancement of geriatric medicine and has established at Hubbard Hospital Middle Tennessee the first complete geriatric service. I want to commend you and Meharry Medical College for this as geriatric medicine is becoming one of our greatest needs with our increased lifespans. I think this is especially true in the VA.

The House Veterans' Affairs Committee recognized this need and mandated the establishment of some 15 geriatric research, educational and clinical centers at existing VA facilities. The proposed expanded affiliation between Meharry and Murfreesboro can be extremely beneficial to the large number of elderly veterans at the Murfreesboro Hospital in view of Meharry's commitment and expertise in this area.

And my question to you is, Are you pursuing a possibility of funding and establishing a geriatric program in cooperation with the Veterans' Administration?

Dr. SATCHER. Yes. Let me just comment and then have Dr. Johnson give you some specifics.

The area of geriatrics and gerontology certainly has been an interest of mine for many years. I was at UCLA when the idea of developing the geriatric program at the VA was first presented and Dr. John Beck, who heads that program, was the person that I had worked with in the past. I did have a grant from the Health Service Research Administration in terms of developing a curriculum for geriatrics in medical school in conjunction with Georgia State.

So we are committed to geriatrics and gerontology at Meharry from the President's office throughout. We have recently opened the special ward at Hubbard for the treatment of the elderly. We feel that the elderly have not received adequate attention and adequate care in this country and we feel that there are many unmet needs among the elderly. And therefore, because it is an underserved population, our concern for the elderly is consistent with the historic mission of Meharry.

We have onboard basic scientists, immunology, pharmacology, some other areas with special interest in geriatric research. We have clinical people with that interest. So we hope that as time goes on we will be able to adequately fund that program through competitive grants as well as through resources that we will obtain from private foundations and others.

Dr. Johnson.

Dr. JOHNSON. The reason, Dr. Satcher mentioned, for our interest in geriatrics is that sooner or later most of us are candidates for membership in that elite group of the aged and the second reason is that we kind of have a feeling that it is not going out of style any time soon.

So as we try to develop new thrusts and new identity, geriatrics is foremost and represents kind of an area that medicine has a lot of work to do on it to become acquainted with it. So that institutionally what we are doing is trying to develop a broad base which would allow an interdisciplinary approach to the identification of problems which will allow the development of programs aimed at amelioration if not resolution of some of the problems with the aged.

And Dr. Satcher has mentioned, for example, the recruitment of new personnel who work on immunology of aging and located in one particular department, other folk in the genetics of aged working in another department and pharamacology and in the physiology or the endocrinology of aging. And it is Meharry's intent to forge these people together in a loose kind of identity group who will develop in the areas of research, teaching and in services.

This would give us our kind of contribution—to the core that we would hope that existed at the Murfreesboro VA Hospital for a partnership.

Mr. BONER. Dr. Satcher, Dr. Johnson, Dr. Thompson, and Mr. Jordon, we appreciate your testimony and if any of you have any other summary statements you would like to make, I would invite you to do so at this time.

Dr. THOMPSON. Thank you very much.

Just in closing to reemphasize what has been said, we are interested in building a quality affiliation. The present facilities as they now exist here in Nashville have come about through a lot of support from the Government and various institutions in the community and it has taken money to do it. In excess of $7 million annual support for the Nashville Veterans Hospital and $2 million—have been given to Vanderbilt—for the local metro hospital.

What I am saying is that Meharry wants this to be a quality association second to none. The $17.4 million, as well as the other provisions, represent an excellent first step. But we are already looking toward the future. We want to be able to provide the veterans in our service areas the same kinds of technical expertise that they can presently get here in town. It takes time and it takes money to build these things, but we hope and we will insist in our affiliation that we be able to render the same kinds of quality of service that the veterans are able to receive now down in Murfreesboro. This will include such things as dialysis, cardiac catheterizations. We do not envision having to transport patients from Murfreesboro to Nashville in the future to do the kinds of things which we are trained to do, which we are prepared to do and we want to do. We just need help and cooperation and support from the appropriate agencies. Thank you.

Mr. BONER. Dr. Satcher.

Dr. SATCHER. Well, we would just like to thank you for this opportunity and your support for Meharry in the past and we are committing ourselves to work toward a quality affiliation.

Thank you.

Mr. BONER. I appreciate your participation and let me say in closing that I think that the VA medical center in Nashville has been a very well run hospital under its present administrator and its past administrator, Mr. Joe Gillespie, but there are just so many patients that one doctor or nurse can see. I am excited about the possibilities of an improved and expanded VA facility for the veterans in this community.

I think that as we all work together we can accomplish those needs that are first and foremost to the veterans and those needs that are first and foremost with Meharry Medical College. And I am pleased that you were able to be here today and look forward to continuing working with you in the future.

Thank you very much.

Our next panel of witnesses will be Mr. John Murphy, General Counsel for Veterans' Administration from Washington, D.C., Dr. Earl Brown, Associate Deputy Chief Medical Director, Veterans' Administration, Washington, D.C.; and Mr. Robert Pepiot, Director of Veterans' Affairs, Veterans' Administration Medical Center, Murfreesboro, Tenn.

And while they are coming, I would like to acknowledge the presence of one who is going to be vastly in need of geriatric treatment in the future, Mr. Joe Gillespie, who is the retired director of the VA Medical Center here in Nashville. He is a stranger to no one. Joe, why don't you stand up and let them see who you are anyhow?

Mr. GILLESPIE. Bill, are you getting as old as I am?

Mr. BONER. And also while they are coming I want to recognize the Regional Director for the Veterans' Administration here in Nashville, Mr. Bob Bielek.

Bob, will you please stand up and let them see who you are.

Mr. Murphy, we appreciate your presence here and the presence of the participants on the panel. And we will remind you, as we have asked our other witnesses, in giving your testimony that we will start the 5-minute clock and appreciate your consideration of our time limitations.

STATEMENT OF JOHN MURPHY, GENERAL COUNSEL, VETERANS' ADMINISTRATION, AND DR. EARL BROWN, ASSOCIATE DEPUTY CHIEF MEDICAL DIRECTOR, VETERANS' ADMINISTRATION; ROBERT S. PEPIOT, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER; AND ROBERT L. NEARY, JR., DIRECTOR OF FACILITY PLANNING SERVICE, VETERANS' ADMINISTRATION

Mr. MURPHY. Thank you very much, Mr. Chairman.

At the beginning I would like to also note for the record that appearing with myself today in addition to Dr. Brown and Mr. Pepiot is Mr. Robert Neary, the Director of our Facility Planning Service.

It is a pleasure to appear before the committee and discuss the Veterans' Administration's construction plan for the VA Medical Center at Murfreesboro. The construction plan will provide surgical facilities at Murfreesboro and represents one part of the expansion of the affiliation between Murfreesboro Veterans' Administration Medical Center and Meharry Medical College.

The Murfreesboro Medical Center is a health care facility situated on approximately 400 acres of land and at the present time is engaged primarily in the care and treatment of psychiatric and intermediate medical patients. Its authorized bed level is 722. It has been affiliated with Meharry in one capacity or another since 1961.

As Dr. Satcher pointed out in his statement, Meharry has played a unique role in American medical history. It graduated its first class in 1877. A significant percentage of the black physicians in the United States today obtained their education at Meharry. In addition, its graduates have established a record of providing primary care medical specialties in areas of physician shortages, areas where such practitioners are desperately needed in our country.

In the 1960's and 1970's, the physical facilities of Meharry were largely replaced and modernized. Meharry, however, continued to face a very complex set of challenges, including financial posture and clinical resource. By 1982, Meharry was facing the possibility of loss of accreditation through action of the Liaison Committee on Medical Education.

Because of the complexity and the interrelationships among the issues being addressed by Meharry, the Veterans' Administration decided to bring the matter to the attention of the White House. On May 14, I telephoned and wrote a letter to the Liaison Committee on Medical Education asking that they postpone making any recommendation so that the Federal Government, as well as other interested and concerned parties, would have time to assemble and approach on a unified basis the issues facing Meharry.

99-590 O - 82 - 3

Shortly thereafter, the White House formulated an interdepartmental task force. The task force's membership consists of representatives of the Department of Health and Human Services, the Department of Education, the Veterans' Administration, the Department of Justice and the Office of Management and Budget.

The task force was charged with reviewing the degree of Federal involvement with Meharry and making recommendations to the White House as to the steps the Federal Government might take to assist Meharry in meeting its mission.

On June 25, the President's decision, based on the recommendations made by the task force, was announced. With respect to the Veterans' Administration, the President directed that the Veterans' Administration move expeditiously to expand the existing affiliation between Meharry and our Murfreesboro facility, to provide over the next 1 to 3 years an additional 100 to 200 teaching beds in internal medicine and surgery. The decision was to expand the resources in the mid-Tennessee area for providing services to veterans as well as provide Meharry with expanded educational base for its medical student and housestaff training program.

Since the President's decision, the VA has moved as expeditiously as possible to implement the decision. Because the Murfreesboro facility does not presently have surgical capability, it is necessary for the Veterans' Administration to undertake both construction and renovation of the facility. The construction and renovation alone is estimated to cost approximately $17 million.

On July 6, 7 and 8, shortly after the President's decision, a Department of Medicine and Surgery Task Group visited the Murfreesboro facility and studied the situation for purposes of developing possible options. On July 21 and 22, the Veterans' Administration's Office of Construction also visited the facility. These efforts have enabled the VA to proceed rapidly with the requisite preparation for the selection of the construction concept and development of the scope of work. This process will be followed by the preparation of preliminary drawings and working drawings, invitations to bid, construction contract award, and actual construction.

During this same period of time, officials at Meharry have met with VA officials from both Murfreesboro and Washington, D.C. On July 23, the Department of Medicine and Surgery allocated an additional four medical housestaff to the Murfreesboro facility to be used in connection with the Meharry affiliation.

The present plan is to increase the allocation to nine positions during the present academic year, to increase it to 14 housestaff positions in the academic year beginning in July 1983.

Our construction process and program, as you mentioned, is governed by the provisions of title 38, sections 5001 and following. Pursuant to these statutes, the Veterans' Administration has requested in both the Senate and the House of Representatives, in both the authorizing committees and the appropriations committees, that $1.7 million for the design of the construction work at Murfreesboro be reprogrammed from our working reserve account and that the authorizing committees pass the requisite resolutions allowing the construction of this project.

On August 18, 1982, the full Senate Appropriations Committee amended the committee's report language to recommend that the

$1.7 million be made available for the Murfreesboro project from our working reserve. We anticipate and are hopeful that the House of Representatives Appropriations Committee will address the issue when the two Houses conference. We are hopeful that the Senate and House Veterans' Affairs Committees will address our request for resolution by early or mid-September.

Mr. Chairman, that concludes my statement. We will be pleased to answer any questions you have.

[The prepared statement of Mr. Murphy appears on p. 39.]

Mr. BONER. I would like to pursue your timetable for just a moment. It is my understanding that the money will be coming from the reprogrammed funds of the major construction working reserve. Will this reprogramming of funds be taken from any other proposed or existing construction project?

Mr. MURPHY. No, sir. Our construction working reserve is a reserve built up as a result of projects in the VA being built under their estimated costs and under the amounts originally appropriated for them. Consequently, the funds in the working reserve are not identified with any project and the result is that the reprogramming of the $1.7 million provides funds for this project but doesn't take it away from any other project.

Mr. BONER. So the $1.7 million which will be used for the development of a design and site preparation will not be taken away from any other project: And it will not have any negative impact on any construction or any other VA projects across this Nation; is that correct?

Mr. MURPHY. That is correct.

Mr. BONER. If we have satisfactory approval by the House and the Senate within the appropriate time, when do you forecast the completion of this project?

Mr. MURPHY. We are trying to complete the construction itself during calendar year 1985 and hope to be able to stay on that schedule.

Mr. BONER. Let me interrupt you a second. You are saying that it is your plan to have any changes, modifications, or alterations in the facilities completed by 1985—is that correct?

Mr. MURPHY. In connection with this expansion.

Mr. BONER. When in 1985? Have you set a specific date?

Mr. MURPHY. I would only be able to say in the latter part of 1985. I couldn't at this point give any specific time. I would like to ask Mr. Neary to address this matter more specifically.

Mr. NEARY. We would anticipate finalizing and making a concept selection by the middle part of September and then would proceed immediately into the development of preliminary planning. Preliminary plans would take approximately 3 or 4 months. So it would be the latter part of December with the completion of the preliminary plans.

Mr. BONER. Let me stop you just a moment. It is my understanding that we have already voted to have what at one time was estimated to be about $7 million worth of construction at the Murfreesboro VA facility. And I understand that architects had already been selected.

Now, will you attempt to use the same architects? Will you have to reopen the bidding? Will you use the short list to expedite the situation? What are your intentions in the preliminary stages?

Mr. MURPHY. I believe that we are legally required by the provisions of the Brooks' bill, given the change in the magnitude of the scope of work, to go through the architectural and engineer selection process again. The basic provisions of that bill say, in effect, that when the requirements are substantially changed, the process must begin again.

We are hopeful that we can, within those legal constraints, facilitate the process by giving the three selected in the final round for the earlier project as well as other interested parties notice of what we are now contemplating undertaking.

Mr. BONER. So are you saying that you hope to select the architects from, what I believe is commonly called the short list?

Mr. MURPHY. That's correct.

Mr. BONER. That you may be able to work within the confines of the bidding process and those requirements of the Brooks bill—that you would try to limit to those three because of their past exposure to the facility.

Mr. MURPHY. No, I don't think we can legally do that.

Mr. BONER. So you will extend the opportunity for various architectural firms to bid again?

Mr. MURPHY. Yes, sir.

Mr. BONER. Now, normally how long does that process go through? For example, how long did it take you to determine who would be the architect in the—was it a $7 million project or——

Mr. MURPHY. It was originally contemplated $7 million. It ended up at $3.2 million.

Mr. BONER. How long did it take you to select those architects?

Mr. NEARY. I believe it is about a 3- or 4-month process. In this instance, however, in that we will be doing the preliminary planning inhouse, some of that can take place concurrently.

Mr. BONER. How long do you foresee the selection of your architects taking this time?

Mr. NEARY. I do not think I can answer that. However, I do believe that we will be prepared to move directly into working drawings by the time that we have preliminary plans completed in the latter part of December. So early in January we would move into working drawings.

Mr. BONER. When do you envision breaking ground?

Mr. NEARY. It will take a minimum of about 9 months to do working drawings. So that I think if we are able to move into working drawings in January we would be in—probably in November—break ground in November.

Mr. BONER. Mr. Murphy, oftentimes we have difficulties in the Federal Government as we have in our own households of the right hand knowing what the left hand is doing. We, as husbands, sometimes do not know exactly what our wives want us to do and so we have to find out.

Mr. MURPHY. I am familiar with that.

Mr. BONER. Using that example which you are familiar with, and relating it to the Federal Government—has the right hand been working against the left hand? It was brought to my attention

about 6 or 8 weeks ago that property located at the VA Murfreesboro facility was to be declared surplus and to be sold. After being informed of this situation by appropriate individuals from the veterans organizations, I requested, in accordance with existing law, that Sonny Montgomery, chairman of the Veterans' Affairs Committee, write Mr. Nimmo and request that all procedures to sell surplus property be ceased until as we could hold hearings on the subject. As a result of that letter the property sale was stopped.

My question is, Are you aware of that, and second, will there be any other efforts to sell this land?

Mr. MURPHY. The answer to the first question is yes, I was aware of it. As a matter of fact, the proposal to access a portion of the Murfreesboro property came up while I was involved in working on the task force. I had the initial reaction, I think shared by everyone, that here we are trying to work out this and then simultaneously we are proposing excessing.

At that time, I requested some of the land management and construction people as well as some individuals in the Department of Medicine and Surgery to take a look at the proposed excessing. It was determined that the excessing would not have any real impact on the construction in connection with the expansion of the Meharry affiliation.

Of course, as you pointed out, Mr. Congressman, that has been stopped at the request of the House Veterans' Affairs Committee so that the Congress itself can make inquiries into the question.

Murfreesboro has 400 acres. I cannot specifically recall right now what number of acres the excessing proposal involved. But I can tell you that it was at least checked to see if it did impact. Congress, of course, will make its own decision.

Mr. BONER. I am optimistic that we will keep that land intact for a little while longer. I certainly hope your land management group is aware that the sewer drains at the hospital would have to be reconstructed in the event that land were sold.

I think that if we have a chance to sell the land and it can be used appropriately without any detriment to the veterans and the purpose for which that facility is there, then certainly it should be sold. But I am optimistic that we will at least go cautiously and slowly before we make any changes.

Mr. Pepiot, would you elaborate just briefly on this subject? In the event that this property was sold, wouldn't additional costs be incurred by the VA to replace the present drainage system?

Mr. PEPIOT. Yes. The storm drains on one side of our facility dump into a sinkhole which is located in the excess property area. This would have to be relocated then to drain into the Stones River. The engineering crew estimated this cost to be about $45,000.

Mr. BONER. Mr. Murphy, on page 1 of your statement you indicated that the construction plan would provide surgical facilities and represents one part of the expansion of the affiliation between Murfreesboro VA Medical Center and the Meharry Medical College. Then on page 5 and 6 you describe the additional housestaff positions allocated to Murfreesboro.

Is this the other part of the expansion of the affiliation between Murfreesboro and Meharry to which you refer to on page 1?

Mr. MURPHY. Could I ask Dr. Brown to address that question, sir?

Dr. BROWN. Mr. Chairman, the expansion of the affiliation has three parts really. One is the increase in number of house staff and student positions and that will take place as the need arises. As we gain more medical beds, as we have more patients to take care of and as Meharry does their appropriate recruiting we will expand the number of house staff positions which are allocated to Murfreesboro.

The second piece is an increase in staffing. Of course, in order to convert the long-term psychiatric beds into acute medical care and surgical beds we will have to have additional staff in order to take care of those patients. Those too will be allocated as they are needed.

The other part of the expansion has to do with both the renovation of space to convert medical beds and the construction which you have mentioned.

Mr. BONER. Dr. Brown, do you believe the expanded affiliation between Murfreesboro and Meharry Medical College will enable the VA to provide better medical service to our veterans?

Dr. BROWN. Yes, I do, for several reasons. One is we have concerns about the patient population at Murfreesboro already. They are an aging population. After age 65 individuals require 3 times as much acute medical care as they do before age 65. This enhancement of the affliation will help us take care of that need for acute care.

In addition to that, it will provide another facility which will serve Chattanooga which is an underserved area. They have only an outpatient clinic there. Chattanooga is the fourth largest population base in Tennessee. So it will allow us to better serve both of those populations.

Mr. BONER. Has the VA found that affiliation with medical schools enhances the VA hospitals' ability to recruit highly qualified physicians?

Dr. BROWN. Mr. Chairman, it certainly does. Of course, the primary purpose of our undertaking affiliations is to enhance the quality of care and that is done both by raising the general quality of care and also the quality of staff that is recruited. There is no question but what affiliation with a medical school does enhance our recruitment.

Mr. BONER. If I may pursue this just a moment concerning the hiring of physicians for the VA, if a doctor is over a certain age, is the VA restricted from hiring him?

Dr. BROWN. No, sir.

Mr. BONER. There is no age discrimination?

Dr. BROWN. Not that I know of.

Mr. BONER. This is off the subject for a moment. I would like to at the appropriate time visit with you and Mr. Murphy concerning Dr. Patterson of Nashville, who was told that he would be hired by the VA. Later, as I understand the situation, he was not hired, because of his age. In anticipation of employment with the VA, Dr. Patterson abolished his practice. I would appreciate the opportunity to discuss this situation at a later date.

Dr. BROWN. Yes, sir.

Mr. BONER. Mr. Murphy, when the Veterans' Administration arrives at a final construction plan, would you please provide the Committee on Veterans' Affairs with all of the details?

Mr. MURPHY. Yes, sir.

Mr. BONER. When do you think those plans can be made available?

Mr. MURPHY. If you mean by final construction plans, the detail specifications, working drawings, it will hopefully be July or August of 1983.

Mr. BONER. Dr. Brown, has the VA given adequate consideration to the possibility of increased staffing requirements at Murfreesboro and increased operating and equipment expenditures?

Dr. BROWN. Yes, sir, we have indeed planned for both, and of course, the requests that have gone forward include both the increase in staffing that will be required and the equipment is also figured into the total of the construction money actually.

Mr. BONER. Mr. Pepiot, would you describe the present affiliation that the Murfreesboro VA Medical Center has had with Meharry Medical College?

Mr. PEPIOT. The affiliation really began in 1975 when the official agreement was signed by both parties. The actual showing of residents did not occur until late 1979 when we received our first psychiatric resident. Since that time we have added additional residents to Murfreesboro totaling six. The dean's committee has been operational since 1978 on my arrival at Murfreesboro. Dr. David and I, shortly after I arrived, visited with Meharry officials and reinstituted the dean's committee and had that approval from Washington.

It has been our desire since 1978 to increase the affiliation with Meharry and we have been trying that ever since. Last year, Dr. Lester Dr. David, and I went to Washington to petition an increase in the affiliation. This is how all of this really started.

Mr. BONER. Would you evaluate the relationship between your staff and that of the Meharry Medical College as to its efficiency and its ability to cooperate and work together?

Mr. PEPIOT. I think there is an excellent working relationship existing between Meharry and our institution. We have tried to make Meharry a part of our teaching faculty. Many of our physicians have faculty appointments at Meharry. Meharry participated in the selection of our chief of psychiatry. There was a task force that was assigned to screen the applicants and to recommend the replacement. Meharry was an active participant in that and as an outcome we were able to hire a young board certified psychiatrist, who is working closely with the department of psychiatry at Meharry. So we have an excellent working relationship.

The residents who have appeared at our facility have been of excellent quality. So we have, I think, an excellent relationship.

Mr. BONER. Will the new converted beds result, in your opinion, in any degradation of the psychiatric and immediate care that is currently being provided at the VA facility?

Mr. PEPIOT. There would be no degradation of services at our facility. I think there will be a reduction and there must be a reduction in long-term care beds. However, there will be no reduction in the psychiatry beds at our facility. And we have planned in our

long-range planning to offset the loss of long-term care beds by the addition of a 120-bed nursing home care unit.

Mr. BONER. When do you project that the nursing-care unit will be available?

Mr. PEPIOT. It is scheduled in our 5-year plan to begin in 1986 or be completed in 1986 and begin in 1985.

Mr. BONER. Will the plan that we now have for the total $17 million project have any effect on the renovation that is presently underway at the VA facility?

Mr. PEPIOT. No. Currently we are having a renovation project in building 6. This building will become operational February 1, 1983 and this is the first segment to go into place for acute medical beds. Building 6 will temporarily be used as our acute medicine service until the completion of the remainder of the modernization and construction that is being proposed at this time.

Mr. BONER. Mr. Murphy, Dr. Brown, I have no further questions unless you or any member of the panel wishes to make any closing summary statement.

Mr. MURPHY. Thank you very much, Mr. Chairman.

Mr. BONER. I would like to thank you for making the trip from Washington on to Nashville to be here today. I happen to be one that believes the Government ought to be providing a service for the people. While it is an inconvenience on our Government officials, it is far less expensive than it would be to provide transportation for our witnesses to come to Washington.

We may have some other questions that have not been addressed, so I will ask you to remain, if you can, in case other questions do come up.

Mr. MURPHY. We can and will remain.

Mr. BONER. Thank you.

I now call upon our commissioner of the department of veterans' affairs of Tennessee, the Honorable William H. (Dusty) Roden. Dusty, I want you to know that I had the choice of either having you testify alone or with the veterans organizations and they won the toss and you are testifying by yourself.

Mr. RODEN. I understand.

Mr. BONER. We are glad to have you here and I want to say, for the benefit of those in attendance, that I have had a tremendous working relationship with the Veterans' Administration, Veterans' Affairs Department here in Tennessee. I attribute that a great deal to the personal relationship which I have had with Commissioner Roden. He has done an excellent job of communicating the needs of the veterans across this State and I have appreciated those efforts and I appreciate your friendship. At this time I hope that you will appreciate our 5-minute limitation. I welcome you and I will now turn the microphone over to you.

STATEMENT OF WILLIAM H. RODEN, COMMISSIONER, DEPARTMENT OF VETERANS' AFFAIRS, STATE OF TENNESSEE

Mr. RODEN. Thank you, Mr. Chairman.

You will recall that you were here about 3 years ago with the former Administrator for the Veterans' Administration, and in the meeting at Vanderbilt you asked me if I had anything to say and I

said no, I didn't. And you said, "We will give you that time some other time."

So I would like to add that onto what you have given me already.

Mr. Chairman, members of the subcommittee, I want to thank you for the privilege of appearing before your distinguished group. I am William H. Roden, Commissioner of the Tennessee Department of Veterans' Affairs. As a member of Governor Alexander's cabinet, I bring you warmest greetings from the executive branch of the State government in Tennessee and offer you the services of my office in any way possible to assist your subcommittee.

As commissioner, I am honored to serve and to work with more than 535,000 veterans and their dependents who live in Tennessee. My remarks will be directed toward what I perceive to be the major concerns of veterans in Tennessee with regard to one of the topics you have selected for this hearing, namely, the need to expand medical services to area veterans served by the Murfreesboro Medical Center.

First of all, Mr. Chairman, I want to comment on something you have already mentioned and this has to do with the property at Murfreesboro. You, as our Congressman, as a member of the Veterans' Affairs Committee of the U.S. House of Representatives, we want to express to you our deep appreciation for your diligence along with your colleagues in securing a postponement by the VA Administrator of the decision to excess a portion of the land currently located at the VA medical center in Murfreesboro.

Those 58 acres of land, in my opinion, are not excess to the needs of that center now or in the future. I am certain that I speak with the full support of the veteran population of this State and a great portion of the citizens when I ask you to take whatever steps are necessary at the Federal level to assure a permanent decision to leave the current land intact at the VA medical center in Murfreesboro.

Mr. Chairman, the very purpose for which you are in Nashville today is ample evidence to me that to dispose of that land or any other land at the Murfreesboro site would be shortsighted and not in the best interests of veterans, present or future.

I think that is particularly true when we recognize the industrial development that is taking place and the progress for the future with regard to that area in middle Tennessee.

Data provided to me by Mr. Bob Pepiot, who is the Director of the VA medical center in Murfreesboro, indicates that the center now serves some 26 counties in south-central and southeastern Tennessee, along with other counties in Alabama and Georgia. There are some 110,000 veterans that currently reside in those 26 Tennessee counties. This represents, Mr. Chairman, approximately one of every five veterans who are living in the State of Tennessee at the present time.

My office has been furnished a considerable amount of demographic data which have been referred to previously by speakers before this subcommittee this morning. But I think it is significant to point out that veterans over 65 traditionally require three times—and some statements that I have received said even five times—as much health care as those under 65.

When we look at all of these facts that are provided by the Veterans' Administration and by the Office of Management and Budget, we see the need for increased medical care to the veterans in this particular area.

Tennessee showed a 17-percent growth in population in the 1980 census and therefore it becomes apparent that the need for increased medical services in Tennessee has become a reality. The next 10 years will probably show an even greater population growth as industry moves to our State and as more people move here upon retirement, probably due to the climate and our location in what we call the Sunbelt.

Mr. Chairman, the quality of medical care rendered to the Veterans' Administration in Tennessee is not the major concern of our veterans. Rather we are concerned about the quantity of such services that are and will continue to be available to eligible veterans.

In my statement you will find something to the extent with regard to the priority criteria for admitting patients to the VA medical centers and there is no quarrel on the part of the veterans in the State of Tennessee with how that is administered.

But it often becomes necessary for the non-service-connected veteran to be denied admission to a hospital and this is a reflection of budgetary and capability limitations.

Mr. Chairman, when less than 1 percent of the non-service-connected patients who are treated in our VA medical centers in the State of Tennessee state that they do have an ability to pay for medical services, then the matter of quantity becomes of prime concern to the veterans.

There are more than 220,000 veterans in Tennessee who are 60 years of age or older and the relatively low income of Tennessee families compounds this problem.

With the veteran population growing older and thereby needing more medical care, with an increase in population projected for the State the during 1980's and with the relatively low income of Tennessee, there is a need for increased medical services.

It seems to me, Mr. Chairman, that the proposed renovation and expansion of the center in Murfreesboro is an excellent approach in providing these services to veterans located in this part of our State. It is also possible that these facilities and capabilities could be expanded in such a way as to relieve pressure from the VA medical center at Nashville, particularly with regard to the outpatient level and also the VA medical center at Mountain Home.

Finally, Mr. Chairman, speaking for the 535,000 plus veterans across the State, I urge you to support the measures that will assure high quality of medical services to veterans in our State be continued while, at the same time, taking steps necessary to increase the quantity of services made available to those men and women who have offered their lives in the preservation of our Nation.

This concludes my statement, Mr. Chairman. I thank the subcommittee for its generous work in behalf of veterans and especially are the veterans of Tennessee appreciative of your coming to our capitol city to hear our remarks regarding medical care for these veterans.

Thank you.

[The prepared statement of Commissioner Roden appears on p. 40.]

Mr. BONER. Thank you, Dusty.

On March 22, 1982, in testimony before the Subcommittee on Oversight and Investigations in Memphis, you stated that the 215,000 World War II and some 10,000 World War I veterans residing in Tennessee will require expanded facilities for geriatrics research, educational and clinical programs and that the VA medical center at Murfreesboro was the logical place for such expansion. Dr. Satcher has indicated that Meharry has committed itself to the advancement of gerontology and geriatric medicine.

Do you believe that the expanded affiliation will help meet the needs of Tennessee veterans?

Mr. RODEN. Mr. Chairman, I certainly feel that the opportunities provided by affiliation in any situation will enhance the opportunity to provide quality service.

When I first became acquainted with Dr. David and Mr. Pepiot some 3½ years ago when I became Commissioner, I went to their facility and visited there on a couple of occasions and they spent a great deal of time with me explaining what their plans were, what their needs were and so forth. And the statement that you read is something that I believe, if I recall correctly, I testified before a congressional committee either in Washington or here in Tennessee. I believe that on four different occasions, I did support that kind of an approach--one which would make Murfreesboro a great center for education and research with regard to geriatrics. It certainly seems reasonable that if Meharry or any medical school were going to emphasize this and Murfreesboro could be a part of that it would enhance the quality of geriatric care.

Mr. BONER. Would it be fair to say and once again, in no way being critical of the VA Hospital here in Nashville, that one of the most common complaints voiced by veterans concerns the overcrowded conditions at the Nashville VAMC?

Mr. RODEN. Mr. Chairman, in 1979, if I recall correctly, a select committee on veterans' affairs, a joint select committee from the general assembly, the house of representatives and the senate in Tennessee, visited the areas and visited the hospitals, all four of our VA hospitals in Tennessee.

As I recall our findings at that time, and I attended as a support person with that committee—the findings of that committee were that at each of three of those hospitals that the outpatient clinic was a problem with regard to scheduling and with regard to having to wait.

Now, every effort has been made on the part of those people to alleviate the problem particularly at Memphis where there was such a tremendous outpatient load. I know that when Mr. Gillespie was director of the hospital here he took special efforts to try to take care of those people. But in spite of that there have been problems with regard to it and it is quite possible that by the proposed renovation that is mentioned here with regard to Murfreesboro VA Medical Center having that capability and with the projected future development in this middle Tennessee area, with regard to population, I think it would relieve some of the congestion and some of the problem that is being experienced and will be experi-

enced, I think, on an increasing ratio in the future with regard to the Nashville VA Medical Center.

Mr. BONER. I have heard these statements echoed by others who feel the need for expanded health care facilities, especially in the area of gerontology and outpatient care. This is paramount not only to the veterans of Nashville, but to the veterans throughout middle Tennessee and in northern Alabama and in southern Kentucky as well.

I appreciate your taking the time to testify and if you have any summary remarks you would like to make, please feel free to do so.

Mr. RODEN. Thank you, Mr. Chairman.

I would summarize my remarks by saying that we want to make certain that quality care is the primary concern with regard to anything that is done in Tennessee or across our nation for medical services for veterans.

Thank you very much, sir.

Mr. BONER. Thank you, Commissioner.

I would now like to ask the representatives from the veterans organizations to come forward.

Barney Green, the department adjutant and finance officer of the department of Tennessee, the American Legion. Joe Hudgens, consultant to the national commanders of veterans benefits for the American Legion; Bill Parker, adjutant, department of Tennessee, Disabled American Veterans; Charles Cayce, retired service office of Veterans of Foreign Wars; and John Deering, president, chapter 46, the Vietnam Veterans of America.

We have attempted to see that every veterans organization can and will have the opportunity to comment on the proposed plan.

By doing this I would have to say that I had the opportunity to go to Boys' State back in 1962. I realize I don't look that old. And as one sponsored by Post 5 of the American Legion, had the opportunity to be elected governor of Boys' State and later went on to Boys' Nation, one person who I came to know very closely and came to appreciate—well, both of them are here—Mr. Barney Greene and Mr. Joe Hudgens. In no way showing preference to those two individuals above the other representatives of this panel, since they also vote in the fifth district of Tennessee, but because of my prior relationship with those two and because they come in that order on our program, I am going to ask Mr. Barney Greene if you will present your opening statement.

Once again we ask each member of the panel to appreciate our time limitation.

STATEMENT OF BARNEY W. GREENE, DEPARTMENT ADJUTANT AND FINANCE OFFICER, DEPARTMENT OF TENNESSEE, THE AMERICAN LEGION, JOE F. HUDGENS, CONSULTANT TO THE NATIONAL COMMANDER FOR VETERANS' BENEFITS, THE AMERICAN LEGION, BILL PARKER, ADJUTANT, DEPARTMENT OF TENNESSEE, DISABLED AMERICAN VETERANS, CHARLES M. CAYCE, RETIRED SERVICE OFFICER, VETERANS OF FOREIGN WARS, AND JOHN DEERING, PRESIDENT, CHAPTER 46, VIETNAM VETERANS OF AMERICA

Mr. GREENE. Thank you, Congressman Boner.

Mr. Chairman and members of the Special Subcommittee on Veterans Affairs, I appreciate the opportunity to come here and share some views and concerns on behalf of the American Legion concerning the conversion or addition of 200 beds for acute care at the VA Health Center in Murfreesboro, in order to expand the affiliation between the VA Medical Center in Murfreesboro and Meharry Medical College in Nashville.

Please let me make it clear that the primary concern of the Legion is the delivery of health care on a timely basis to veteran patients. The first obligation being to those that were disabled in service to their country and then those in need that served honorably. The American Legion takes the position that the professional and staffing arrangement to achieve these services are the responsibility of the Veterans' Administration.

It is not the function or the responsibility of the American Legion to provide an opinion on the affiliation arrangements between the VA and medical schools.

The American Legion is concerned that the present affiliation between the VA health center in Nashville and Vanderbilt University Medical School is a coalition that delivers excellent health care.

The American Legion is cognizant of the fact that the aging World War II veteran population could very well serve as justification for the addition of medical and surgical beds to the VA center in Murfreesboro. It is obvious that within a short span of years the inpatient requirement of this category will increase immeasurably.

Now permit me to pose some questions concerning the request for funding for the medical and surgical beds in Murfreesboro. Will the $17 million be adequate? Where will the money come from? Will it come from the VA in Nashville, Lexington or Louisville? The American Legion feels strongly that it cannot come out of the regular VA appropriations.

How about the recurring amount each year after the construction is completed? Will it be possible to extract these additional moneys from the Bureau of the Budget that consistently takes a hardline on the funding of VA programs regardless of the political administrations in power?

A week ago this morning in the Conrad Hilton Hotel in Chicago, I listened to the VA Administrator Robert P. Nimmo very candidly admit that it had been necessary to cut some VA services, and in his words, further alinements would possibly be necessary. He did not project an optimistic picture for the future of the VA from an expansionary standpoint.

We note, according to reports, the daily occupancy rate of the VA health care center in Nashville is less than 75 percent.

Would it be possible to completely justify the addition of the approximately 200 medical and surgical beds in Murfreesboro were it not to accommodate Meharry Medical School?

We further understand that present plans call for only routine medical and surgical procedures to be done in Murfreesboro. How about those students wishing to train in dialysis or nuclear procedures? It is our understanding that there will be no dialysis unit and no nuclear facility of any consequence in Murfreesboro. How about those wishing to study cardiology or open heart surgery? Where will they get such training? Will the proposed new medical

and surgical addition proposed for Murfreesboro satisfy Meharry Medical School?

Finally, Mr. Chairman and members of the committee, due to the logistics, we question whether an adequate exchange of ideas and rapport will be established between the VA Murfreesboro and Meharry personnel thereby assuring an amicable and productive relationship.

Mr. Chairman, that concludes my statement.

Mr. BONER. Thank you, Mr. Greene.

Mr. Hudgens.

STATEMENT OF JOE F. HUDGENS

Mr. HUDGENS. Mr. Chairman and members of the subcommittee, the American Legion appreciates this opportunity to share its views with you on the subject of the Veterans' Administration's construction plan at the VA center in Murfreesboro to provide facilities for the planned expansion of the affiliation between VA medical center and Meharry Medical College.

Before addressing this legislative proposal under discussion, may it be said that the American Legion is sensitive to the fact that the Nation is in a period of recession and economic complication requiring fiscal restraint in Federal expenditures. It is also acknowledged that the veteran must share in those restraints.

The American Legion deeply appreciates the strong support that the Committee on Veterans' Affairs of the House of Representatives has given down through the years to the needs of the veterans and their dependents. To this effort we will be forever grateful.

We shall now address ourselves to the measure currently under consideration. The primary concern of the services is quality medical care in all VA hospitals. Throughout the history of the VA hospital system thousands of dedicated people have given their time and their talent to see that the veterans received the best treatment in the country. To this, we are indebted.

As to the affiliation between the VA medical center in Murfreesboro and Meharry Medical College in Nashville, the American Legion has no objection so long as the quality medical care is maintained. This could result in beneficial benefits in both institutions.

During the past 37 years that I have had some knowledge of the treatment rendered to the veterans at the VA medical center in Murfreesboro, I can say without hesitation that the service has been outstanding. They have, however, in my opinion, been handicapped in giving treatments to veterans who need acute medical and surgical treatment.

This being a neuropsychiatric hospital, they do not have the necessary facilities to render treatment that should be available to the patients in the hospital. The proposed construction plan would make this an ideal hospital and enable the hospital staff to render, in most instances, the necessary treatment required of its patients in the hospital and to other veterans in the area.

Looking ahead to the next 8 or 10 years, considering the number of veterans in civilian life who, due to age, will require hospitalization, we can come to only one conclusion: The need for more hospital beds at VA facilities, especially in the areas of acute medical

and surgical care. This proposal would, in my opinion, help meet that need. It is now time to start preparing for this situation and not wait until the crisis occurs before taking the necessary action.

In conclusion, may I make this statement. Since this proposed legislation is the result of the President's task force, and has the approval of the President of the United States, I urge that the necessary funds for the proposed expansion at the VA medical center in Murfreesboro be new money and not come out of the present or future VA budgets.

Mr. Chairman, enactment of this legislation would be beneficial to the veterans of Tennessee.

This concludes my statement.

Mr. BONER. Thank you, Joe.

I am going to now call on Mr. Bill Parker, adjutant, Department of Tennessee, Disabled American Veterans.

STATEMENT OF BILL PARKER

Mr. PARKER. Mr. Chairman, members of the Special Oversight Committee, it is indeed a pleasure for me to be here today to speak about the expansion of the affiliation between the VA Murfreesboro and Meharry Medical College. It is our understanding, the Disabled American Veterans, that new benefits will be accomplished by the addition of the new services and programs not now available at the Murfreesboro VA facilities. They no longer would find it necessary to transport all acute cases the distance to Nashville VA Medical Center. The ability to provide acute medical and surgical care to the current veteran population as well as to the new patient reduces the risk factors associated with transporting the aged and acute—and the incurred illnesses.

In addition, we feel the continuity of care can be maintained. With the provision of acute medical and surgical care to veterans in their primary service area, the stress of the patient and the family members is lessened to the degree by not being forced outside their community setting. Also resident physicians who treat the patients during the day will provide the same level of medical, surgical, and psychiatric care through evenings, nights, weekends, and holidays.

Also we understand highly qualified physicians are more easily recruited by an affiliated medical center. The fact that they will receive faculty appointments and be able to work closely with the academically oriented physicians from the medical school is especially attractive to high caliber physicians.

Without activation of the affiliation such recruitment would be virtually impossible. The Veterans' Administration or the VA hospital affiliation with the Meharry College is not a newly developed idea. I have learned that some time in December of 1980 the Murfreesboro VA Medical Center received the first Meharry resident. In August of 1981, four medical residents were funded by Meharry to supplement the two resident physicians funded by the VA. This affiliation can only intensify by the quest for deliverance of the high qualified medical care possible for the veterans who have served their country.

That concludes my statement. I would like to summarize just a second, Mr. Chairman.

As you know, the Disabled American Veterans speak for itself and as the average age of the veteran is 62, we definitely are going to need the bed patient facilities. But to reiterate to my other comrades here, we also insist on the quality of care.

That concludes my statement.

Mr. BONER. Thank you.

And now I call on Mr. Charles Cayce, retired service officer, Veterans of Foreign Wars.

STATEMENT OF CHARLES CAYCE

Mr. CAYCE. Thank you, Mr. Chairman.

Thank you for the privilege of appearing before this Special Oversight Subcommittee to present the views of the nearly 45,000 men and women of the Veterans of Foreign Wars and the Ladies Auxiliary of the State of Tennessee.

My name is Charles Cayce and my title is rehabilitation officer, Department of Tennessee, Veterans of Foreign Wars.

Mr. Chairman, the Veterans' Administration Medical Center at Murfreesboro is a neuropsychiatric and intermediate care facility presently containing neither surgical nor medical beds. Over the years this deficiency has necessitated the shuttling of patients between Murfreesboro and the Veterans' Administration Medical Center in Nashville for needed care.

The Veterans' Administration now plans to add approximately 200 teaching beds in medicine and surgery at Murfreesboro to both enhance the care available to our veterans and strengthen the present affiliation with the Meharry Medical College in Nashville.

According to the VA, the cost of this project is $17 million and $1.7 million of that amount will be needed during the fiscal year 1983 to contract for working drawings. It is anticipated that this initial funding will be obtained by reprograming money from the major working reserve and that the balance of the funds will be requested in the 1984 budget. The target date for the completion of the necessary construction is August of 1985.

In a related matter, Mr. Chairman, it is noted that in the VA 5-year medical plan dated June of 1982 that a 120 bed nursing care unit is also scheduled for construction in Murfreesboro in 1985.

Since it is presently anticipated that there will be over 200,000 veterans aged 65 or over within our State by 1985, the need for these additional nursing home care beds is quite obvious.

In conclusion, Mr. Chairman, the Veterans of Foreign Wars of the State of Tennessee fully supports the proposed addition of surgical and medical beds at Murfreesboro as being in the best interest of the veterans of this State of Tennessee. Therefore, approval of this project as required by title 38, United States Code, section 5004 is recommended.

In concluding my testimony, Mr. Chairman, I will be happy to respond to any questions you may have.

Mr. BONER. Thank you.

Now we will call on Mr. John Deering, president, chapter 46, Vietnam Veterans of America.

STATEMENT OF JOHN DEERING

Mr. DEERING. Thank you, Mr. Chairman, and members of the subcommittee.

On behalf of the Vietnam Veterans of America, chapter 46, in Nashville, I would like to say we are in concordance with the proposals set forth to expand the VA medical facilities at Murfreesboro to include that of full general medical and surgical capabilities, along with the already existing psychiatric care being provided.

We believe this undertaking would:

First. Provide a harmonious working arrangement and process with Meharry Medical College in that the expanded facility's permanent resident staff would be augmented by physicians, surgeons and other Meharry medical specialists, thus allowing these personnel to encounter and experience medical problems related to the veteran they might not otherwise observe elsewhere.

Second. Create a rather unique situation for this area, that being two large, fully trained, staffed VA hopitals within a relatively short distance of each other.

Third. Relieve the overcrowded status at the Nashville facility, thus enabling it to provide a higher level of medical care more expediently.

Fourth. Create opportunities of employment for area veterans as well as other jobless persons.

Fifth. Expose our area's veterans to the very best medical, surgical, and psychiatric care that is offered in other parts of the country.

In conclusion, VVA chapter 46 feels this proposed expansion would not be in competition with nor detrimental to the facility at Nashville. It would only enhance the veterans' chances of obtaining immediate general, surgical, and specialized care on a more proficient basis.

Thanking you for your attention and consideration, I am John A. Deering, president, VVA chapter 46, Nashville.

Mr. BONER. I would like to ask each member of the panel to comment on the question that I am about to raise. In your experiences as a veteran individually, and in your professional experiences in working in your various capacities with the veterans, what has been the No. 1 complaint about the VA facilities across the State, and in particular with the VA facility in Murfreesboro and in Nashville?

Barney, may I ask you to go first?

Mr. GREENE. I would say it is twofold. First of all, a waiting time; and equally important, the nonadmittance of the non-service-connected veteran.

Mr. BONER. Joe?

Mr. HUDGENS. I think, Mr. Chairman, that he is correct. At the VA hospital in Nashville, patients on an outpatient basis have had an 8- or 10-hour waiting list some days, which is, in my opinion, very, very unnecessary.

The admission of the non-service-connected patient to a VA facility, I think, has been a problem under the priority system. You are very familiar with who is admitted and who is not. But I think

those are the two main problems. I think once the veteran is admitted to a VA hospital, he gets good treatment. The problem is getting him in.

Mr. BONER. Bill?

Mr. PARKER. I would like to echo those comments. But I specifically would like to comment in relation to service connected and non-service-connected.

As you know, I represent basically the totally service-connected veterans. I do not even like the purple card system because—I have brought this up at meetings—that card only gets you in the door. Then you are in line with everyone else. If you do not have an appointment, it will get you priority treatment at the front desk only. From that point on, you are with the rest of the people. You are just a number from that point on.

I asked that question at the next to the last meeting at the VA hospital here in Nashville.

The second thing, I think that the Nashville hospital is doing an outstanding job with what they have to work with and the influx of the number of patients that are there that they are having to handle. This is why I am so supportive of hopefully alleviating some of that problem at Murfreesboro. However, they can only do so much.

Again, this points out the necessity of maybe helping getting the non-service and the service-connected better treatment by Meharry.

So the biggest problem they have is waiting and receiving medicine. Once you see the doctor in Nashville, he will tell you a 2-hour-plus waiting time to receive your medication. If you are sick, you need that medication. I do not know what can help to alleviate that problem. I would think that is your basic problem.

Mr. BONER. Charlie?

Mr. CAYCE. Well, I think getting beyond the examining room and getting upstairs to where you can get treatment in the hospital is the main problem that I have observed, the timelag and getting by the admission desk and getting upstairs where you can receive good care.

Other than that, I think your main problem is money, and I expect every hospital in the VA system could use a few more dollars.

Mr. BONER. John?

Mr. DEERING. All of the adverse comments that I have had relating to the VA facility here in Nashville, I believe, stem from the overcrowded status at the present, and I cannot see that it is going to get any better unless the expansion proposals are going to take place.

Mr. BONER. Barney, I believe we have already answered some of the questions that you raised in your testimony.

Mr. GREENE. Yes, I noticed some of them were addressed earlier.

Mr. BONER. I may reiterate, perhaps, without the necessity of having to call back up the VA people.

Mr. GREENE. Yes.

Mr. BONER. Concerning the $17 million, this is to be an additional appropriation, and Mr. Murphy, Dr. Brown, if I am incorrect in my statement, please feel free to interrupt me.

We have discussed the $1.7 million which would come from the reprogrammed money, and which would not have a negative impact on the progress being made at other facilities at this point.

You had a very excellent question as you discussed the more specialized medical treatment.

Mr. GREENE. Yes.

Mr. BONER. I believe that it was Dr. Pepiot who discussed, or perhaps someone from Meharry, who said that in the 5-year plan that you do have plans for a dialysis center.

Dr. Pepiot, am I correct in that? Is he here?

Mr. PEPIOT. It is Mr. Pepiot.

Mr. BONER. Mr. Pepiot. I am sorry.

Mr. PEPIOT. I did not say that, but we have a document that we are currently working on with Meharry from our central office academic affairs, and this plan is to show any future needs in the next 5 years in our affiliation with Meharry.

I think when we talk about sophisticated programs, this is the more appropriate place to talk about them, and as we develop capabilities to do greater programs in medicine and/or surgery, they should be addressed in our impact statement which will go to academic affairs, and what we propose for the next 5 years. So that is how we would address that issue.

Mr. BONER. I think that was an observation that certainly is to the benefit of the veterans.

Mr. GREENE. Certainly one we were concerned about.

Mr. BONER. Dr. Satcher.

Dr. SATCHER. I think, as Dr. Thompson has pointed out, Meharry's concern is that if, in fact, we are not able to offer these kinds of services, and veterans who come to Murfreesboro are not able to receive the kinds of services they need in a medical and surgical facility, then Meharry is again handicapped and then Meharry is again blamed, if you will, for not providing adequate service.

We are concerned about that. We take the position that we are not willing to accept a situation that is not high quality. That is what we are talking about, so we share their concern.

Mr. BONER. Let me summarize just a moment. I think that during the course of events there has evolved what I believe to be the makings of a mutual benefit first and foremost to the veterans of this State and this area, and then second, to improve, build upon the outstanding institution of Meharry Medical College, which has made a tremendous contribution across this Nation.

I believe that there have been many important points brought out at the hearing today. As Mr. Pepiot pointed out, Meharry and the Murfreesboro hospital have established an excellent working relationship. The quality of care received at the VA hospital has been of high quality. I think that all of the witnesses have stressed the desire to see that high quality of health care service continued in the future.

One concern that I have heard from our veterans' organizations, and from Meharry, and as the only member on the Veterans' Committee from the Tennessee delegation I share this concern: Many times our Federal Government has made certain commitments

and, due to the changing times or changing circumstances it failed to live up to those commitments.

I believe the message that we would certainly want to clearly relate to Dr. Brown, Mr. Murphy, and the others on the Washington level, is that the proposed expansion program is viewed with a great deal of optimism, with a great deal of hope and cooperativeness on behalf of the veterans' organizations in trying to see that it succeeds on behalf of Meharry Medical College, and on behalf of what can be made available in the way of services at the State level.

The message, I have heard today from all involved parties, is that this proposed plan should not merely be a facade. I would say on behalf of many people in the black community in the city of Nashville and the surrounding area, that this proposal will not only provide the necessary quality of health care to our veterans, but also will provide the financial resources and the teaching beds to enhance the educational abilities of Meharry. There is a degree of skepticism on the part of those representing Meharry, the Veterans' Administration, and the black community in general about the level of commitment to this project.

I think that places a g eater incumbence upon those of us in Congress, but especially upon our President and the VA Administrator, to remain dedicated to the implementation of this program in the upcoming years. Even though the economic picture may change and times may be more difficult, we should not raise the hopes of all parties concerned in this community and then, through the sharp pen of the Office of Management and Budget, dash those hopes. To withdraw from that commitment would result in continued overcrowded conditions at the VA hospital and I believe it would adversely affect the medical treatment to our veterans.

I believe that this hearing has communicated our concerns to the Veterans' Administration officials in Washington. I believe that this hearing has also said to Mr. Pepiot, to our officials from Meharry, that the organizations across this State are in support of this effort and they will require in the future, as in the past, the quality of excellent care and treatment that is presently being received.

Oftentimes, when any organization or institution expands and reaches out, there is tendency to lessen the quality of requirements. We have seen t at on the Federal Government level. I think that there is a continued challenge to Meharry to provide in the future the same quality of health care that has been given testimony to and credence by Mr. Pepiot and others.

I am optimistic that those of us in Congress will stand up, as we have in the past, for the needs of the veterans and that those in the executive branch will recognize that the scratching out of numbers can have a direct, negative impact on the lives of individuals who, when this Nation called upon them to provide a service, did so without reservation. The veterans of this Nation have every right to expect its Government to live up to its requirements and to its responsibilities without reservation.

I am hopeful that the Federal Government will live up to its obligation and its commitment and we can all work to that end.

I appreciate our representatives from Meharry being here, our representatives from the Veterans' Administration in Washington, and Dusty Roden on the State level and, of course, probably the most important of all, the men who represent the men and women that are veterans across this State.

We appreciate your participation because the VA and its health care facilities are here for one purpose, and that is to provide the very best quality of care that it can to the citizens of this country who performed their services and their duties and their responsibilities. We are going to see that this Government lives up to its responsibilities as well.

In conclusion, I want to thank you. I want to thank our staff from the VA facilities and from the Veterans' Affairs Committee for being here, and especially those allowing us to have this opportunity to meet together.

I assure you, and I say "you" collectively, as organizations, as Meharry, and our VA folks in Washington, as a member of the Veterans' Affairs Committee, we will closely monitor and require high-quality care. We in Congress will work to see that this plan is implemented so that the veterans in this State and this area receive the type of health care that they are due.

I appreciate your participation, and I now adjourn this committee meeting.

[Whereupon, at 1:05 p.m. the subcommittee adjourned.]

APPENDIX

STATEMENT OF DR. DAVID SATCHER, PRESIDENT, MEHARRY MEDICAL COLLEGE

I bring you greetings from the administration, faculty, and staff of Meharry Medical College and welcome you to Nashville. We are certainly grateful for this opportunity to testify before the Special Oversight Committee of the Committee on Veterans' Affairs regarding the Veterans' Adminstration construction plans at the VA Medical Center in Murfreesboro, Tennessee to provide facilities for the planned expansion of the affiliation between the Murfreesboro BA Medical Center and the Meharry Medical College. This is an important occasion in the history of Meharry Medical College; it is important for Meharry's survival; and, it is important for Meharry's growth and development in the 1980's.

We welcome this opportunity to testify, not only to the historical significance of Meharry, but to the potential significance of this expanded affiliation between the Murfreesboro VA Medical Center and the Meharry Medical College.

MEHARRY'S HISTORICAL SIGNIFICANCE

Meharry Medical College was founded in 1876 to provide medical training to ex-slaves in an effort to respond to the unmet needs of this underserved population. Through its history Meharry has persisted in its mission to respond to the needs of the underserved in an ever-increasingly sophisticated manner. Today, some 40 percent of the Black physicians and dentists who have practiced and practice in the United States are Meharry graduates. More than 40 percent of the Black faculty at United States medical schools and approximately 20 percent of the Black faculty at United States dental schools are Meharry graduates. Many of these physicians and dentists serve on faculties at schools that would never have considered them seriously student applicants. Among the other aspects of Meharry's unique contribution are these: more than 80 percent of its graduates who practice, practice in underserved, inner city neighborhoods or in rural communities; and for its entire history the college has provided care to the indigent. Meharry has been at the forefront of innovative health care delivery to the disadvantaged, as evidenced by the Mound Bayou Project, its Tuskegee involvement, its North Nashville contributions and other programs. But Meharry's greatest contribution, and a quality which gives it singular distinction, may be the willingness to take risks on bright young men and women who aspire to health careers but who often lack the normative credentials that would enable them to be considered by other schools. Of it were not for this commitment, many of the young, Black men and women who practice medicine and dentistry in this country today would, in fact, not be physicians and dentists.

But to understand Meharry's plight, one has to go back perhaps to January 1909, when Abraham Flexner who had been appointed by the American Medical Association to study medical education in this country, visited Nashville. Flexner points out that Meharry Medical College was doing an outstanding job despite limited resources. He cites the fact that it had 35 beds in the old Mercy Hospital while Vanderbilt had 97, 32 of its own and 65 Nashville City Hospital beds. Flexner states that given its fair share of local and national support, Meharry had the potential to develop into an outstanding institution. Until this day and the occasion of this hearing, Meharry Medical College has not received its fair share of local and national support. Therein lies the nature of our struggle.

MEHARRY'S PRESENT SIGNIFICANCE

Today, almost 30 years after Brown versus The Board of Education, Meharry's significance continues. There are only four predominantly Black health professional

schools in the country. Of these, Meharry is the only private four-year school. It enrolls 10 percent of the Black medical students and 15 percent of the Black dental students in the United States. Meharry is not a local institution, but a national institution with 40 states represented among its student body and only 15 percent of its enrollment from the State of Tennessee. Meharry continues to serve educationally disadvantaged (with special enrichment programs) and the economically disadvantaged (almost one-half of its students come from families with annual incomes of less than $15,000).

We are convinced that through the end of this century and beyond, Meharry will occupy an increasingly important place in health professions education in America. One need but to consider these facts:

(1) Less than three percent of the health professionals in this country are Black, although Blacks represent 12 percent of the population. Meharry will play a key role in overcoming this under-representation as minority enrollment in the United States medical schools continues to decline. From a peak of 7.3 percent in 1974, first-year minority enrollment has declined to less than six percent in 1982. As political, financial, and academic forces continue to militate against the enrollment of Blacks in America's health professions schools, Meharry will be a major force in the training of Black physicians and dentists.

(2) There are less than 1,000 Black biomedical scientists in the United States. In 1980, only 28 of the 2,000 Ph.D. degrees in the biomedical sciences awarded by United States universities were received by Blacks. Three of these were awarded by Meharry. Until such time as the pool of Black biomedical scientists can be increased, it is unlikely that sufficient attention and resources will be devoted to those diseases and health problems of particular concern to the disadvantaged. Meharry is committed to the expansion of research and research and training for Blacks as well as other underserved populations.

(3) There are many locales in this country where access to quality health care is not available. Projections indicate the need for 15,000 additional primary care physicians. Meharry will continue to enroll students who have expressed interest in meeting these needs and will continue to provide the kind of education that enhances their personal commitment and enables them to fulfill this important mission. The January, 1982 report of the Department of Health and Human Services to the President and Congress points out that we have almost solved the problem of access to medical care in this country, except for certain underserved inner city and rural communities. These are, in fact, the communities to which Meharry has contributed so much in the past and will continue to contribute in the future.

It is fair to say that in 1982 Meharry epitomizes the plight of the historically Black institutions struggling to survive in an integrated society. It is the institution to which President Reagan referred in September 1981 when he issued his Executive Order asking Federal Agencies to increase their support to historically Black colleges. President Reagan certainly realizes that in a truly integrated society the role of the historically Black institution is valued just as the role of historically white institutions is valued.

MEHARRY'S PRESENT GOALS IN THE ROLE OF THIS AFFILIATION

Meharry has three major goals for the next five years and beyond. While these goals are not new, they are certainly worth stressing anew. The first goal is academic excellence. In order to understand the significance of this goal, it is important to be aware of the barriers which we have faced in trying to reach it in the past. The barriers include:

A deficiency in terms of faculty and student ratio. A recent study by the Robert Wood Johnson Foundation resulted in the conclusion that Meharry's faculty/student ratio was only one-third of that of the average medical school in this country. We have proposed to double the size of our faculty over the next three to five years in an effort to increase the time available to our faculty for teaching, research, and service. We have also proposed to increase the diversity of our faculty and to increase strength in certain areas of basic science and sub-specialty medicine.

The second barrier to academic excellence at Meharry relates to the preparation of our students. Because Meharry has historically invested in the high-risk student, the demands for teaching at Meharry, despite a limited faculty size, have been greater than at many institutions. Meharry's commitment thus creates for it a barrier to academic excellence in many ways. This is now being addressed by the establishment of special enrichment programs and by the admission of students with better preparation.

The third barrier to academic excellence, and the one which this hearing addresses most specifically, is our limited access to clinical facilities. Again, the average medical school in this country has six patient beds per student in the third and fourth year of medical education. Meharry has less than one bed per student. This problem, which has been the subject of so much of our deliberation in the last six to eight months, is in fact a major barrier to academic excellence at Meharry. We have recently developed a plan for academic renewal at Meharry for which we are seeking support from private foundations, corporations, alumni, and others. This plan calls for doubling the size of our faculty at a cost of $20 million, development of centers of excellence for research and patient care at a cost of $5 million, the development of an educational support fund for the provision of loans and scholarships for our students, the upgrading of our library at a cost of $4 million to carry out our plans for academic renewal.

The second major goal for Meharry for the next five years is financial stability. In many ways, it is inseparable from the goal of academic excellence. Financial stability for Meharry has been a difficult goal to achieve for many reasons. First, Meharry has had throughout its history a consitutency that has never been wealthy or the source of major gifts. Most of Meharry's alumni are first generation college graduates; and therefore their families have not had a source of wealth which would serve as major support from the State of Tennessee and today, for example, Meharry receives one-fifth the support from the State of Tennessee which the new Morehouse School of Medicine receives from the State of Georgia. We are working to overcome this parituclar problem, but it is in fact a challenge to financial stability at Meharry. Meharry's Hubbard Hospital has also been a problem, in terms of financial stability, and has constituted more than 60 percent of Meharry's operating deficit over the past three to five years. As you know, Meharry has accumulated a long-term debt and that debt was the subject of one of the recommendations which the White House made. That recommendation for forgiveness of the hospital debt represents a major boost toward financial stability.

The third major goal for Meharry for the next three to five years is the goal of accountability. It is our conviction that as Meharry moves into the 1980's and begins to receive its fair share of resources from public and private sources, it is important that we, as an institution, be accountable. Our accountability must be both internal and external. Internally, it is our feeling that there should be a clear definition of roles and responsibilities for administrators, faculties, students and others. Therefore, we are working to develop the kind of system that will assure that kind of clarity of roles and a mechanism for monitoring outcomes of individual and group efforts. Externally, our responsibility for accountability relates to our community, to patients, to student, and to all of those who directly and indirectly invest in Meharry's future. Therefore, we are committed to a clear communication of Meharry's plight, of Meharry's strengths, and of Meharry's weaknesses.

The significance of the expanded affiliation between Murfreesboro VA Medical Center and Meharry Medical College is one that deserves clear communication. First, there is a social significance that relates to inequity of opportunity of access to public funds and public facilities. We might debate whether race or racism has anything to do with what happens to Meharry in 1982. However, no one in all honesty and fairness can debate that Meharry's present lack of access to publicly funded facilities has at its roots the problem of racism and racial injustice. The decision to place the present Veterans' Administration Hospital in Nashville in the exclusive hands of Vanderbilt University was made in an environement of accomodation to local practice of racism in the late 1940's. While we have no desire to dwell on the past, we are aware of the fact that those who fail to remember the lessons of history are destined to relive it. And therfore we say today that one goal of this expanded affilitation is equity of access to publicily funded facilities for Meharry Medical College. Academically, this expanded affiliation will help us achieve the needed clinical experience for our students, especially in medicine, surgery, psychiatry, as well as support services. This affiliation represents an opportunity to add a severely needed clinical facility to our roster. It represents an opportunity to broaden experience relative to a vitally important population in this country, to Veterans of Foreign Wars. It also represents an opportunity for innovation in patient care. As it relates to our goal of financial stability, one has only to be aware of the fact that the Veterans' Administration Hospital in Nashville, it means more than $6 million a year in terms of the budget of Vanderbilt University. Therefore, we do not hesitate to say that access to an expanded affiliation with the Murfreesboro VA Medical Center is important to Meharry's goal of financial stability. As far as our goal of accountability is concerned, we can say today without hesitation that Meharry will in fact be accountable in this expanded affiliation. We will carry out our responsibil-

ity with commitment and enthusiasm at every level. We will be devoted to the task of improving the delivery of heatlh care to the veterans of this country and specifically of this community. We will continue to respond to the needs of the underserved.

Tennesee has always honored its veterans, and this tradition is proudly reflected in the State's nickname, "The Volunteer State." In most discussions of the proposed affiliation between Meharry Medical College and The Veterans' administration Hospital in Murfreesboro, attention has focused on the benefits which would accrue to the two institutional partners. The most important beneficiary of this expanded affiliation, however, will be the veteran patient. Veterans stand to benefit in at least five ways:

(1) Most obviously, veterans will be able to obtain a full range of medical and surgical care at a single site.

(2) The visiting population of pyshciatric patients at the Murfreesboro VA occasionally have medical needs which cannot be met by the personnel at the existing hospital. The proposed affiliation would eliminate the need to transport such patients 35 miles to the nearest facility for appropriate medical care.

(3) Merharry has committed itself to the advancement of gerontology and geriatric medicine; only this month the college opened middle Tennessee's first complete geriatric service a Hubbard Hospital. The students, residents, and faculty who staff the Murfreesboro VA will therefore be particularly well-trained to meet the needs of an aging veteran population.

(4) A large number of Vietnam veterans and veterans of the all-volunteer Army are members of minority groups. Staffed by Meharry personnel, the Murfreesboro VA will offer these men and women a spirit of empathy and kinship not readily available at other hospitals.

(5) Veterans treated at a Meharry-affiliated VA hospital will have at their disposal the full resources of an academic health center: they will be treated by physicians who, since they teach, must be knowledgeable about the most current forms of therapy, and who are assisted by teams of residents and medical students.

Benefits will also accrue to both Meharry and the Murfreesboro Va from the proposed affiliation, Meharry, of course, would obtain access to the patients it needs to train medical students. The affiliation would also enable Meharry to expand its research on aging, hypertension, toxicology, and other areas that will ultimately result in better health care for veterans, and extend to the college, full membership in the national community—i.e., opportunity to share in the benefits of VA hospital affiliation—in a way now only available to majority institutions. The VA hospital would benefit similarly: it would become an academic health center instead of a somewhat forbidding facility for long-term custodial care. It is likely that, as a result of their experiences there, some Meharry students will eventually choose careers in VA hospitals. Affiliation with an academic health center will enable the Murfreesboro hospital to attract physicians of the highest caliber, physicians who will be glad to have the opportunity to consult with Meharry's basic scientists and to participate in research projects.

Finally, we have today a plea for fairness and consideration. We plead for expeditious movement in the development of this expanded affiliation because the speed at which this takes place is obviously critical to Meharry's growth and survival.

Secondly, we plead for a recognition of the importance of developing a quality program at Murfreesboro that will attract and retain patients We are concerned that any affiliation which involves Meharry and which is lacking in quality can only serve to feed the stereotype relative to the quality of our institution. In short, in the past Meharry has been blamed for its lack of quality when in fact in many cases its deficiencies were directly related to inequity of opportunity. In developing of a Murfreesboro-Meharry affiliation, we plead for quality of the highest order in the development of the medical, surgical, and other services in which our faculty and students and residents will participate. We will be working very closely with the staff at Murfreesboro VA Medical Center in the developmet of this affiliation. And in our efforts we will be asking for what we need in order to provide the kinds of services which the veterans of the surrounding community deserve. Also we will be asking for the kinds of services of which are beneficial to an academic institution whose role includes the education of students and residents. To the extent that we are able to achieve the kind of affiliation that provides this kind of quality and sensitive, not only will Meharry benefit, but we are convinced that this community and this country will benefit accordingly.

Thank you.

STATEMENT OF JOHN P. MURPHY, GENERAL COUNSEL, VETERANS' ADMINISTRATION

Mr. Chairman and Members of the Committee, it is a pleasure for me to appear before this Committee and discuss the Veterans' Administration construction plan for the VA Medical Center at Murfreesboro. Appearing with me today is Dr. D. Earl Brown, Jr., Associate Deputy Chief Medical Director and Robert S. Pepiot, Director, VA Medical Center, Murfreesboro. The plan for construction will provide surgical facilities at Murfreesboro and represents one part of the expansion of the affiliation between Murfreesboro VA Medical Center and Meharry Medical College.

The VA Medical Center, Murfreesboro, Tennessee, is a health care facility situated on 400 acres and, at present, is engaged primarily in the care and treatment of psychiatric and intermediate medical patients. The hospital's authorized bed level is 722. The facility has been affiliated with Meharry Medical College since March of 1961.

Meharry has played a unique role in American medical history. Meharry graduated its first class in 1877. A significant percentage of all black physicians in the United States today obtained their medical education at Meharry. In addition, its graduates have significantly contributed to the practice of primary care medical specialties in areas of physician shortages, areas where such practitioners are desperately needed.

In the 1960s and 1970s, the physical facilities of Meharry were largely replaced and modernized with the assistance of Federal, State, and private funds. Meharry, however, continued to face a complex set of challenges, including its financial posture and clinical resources. By 1982, Meharry faced the possibility of losing its accreditation by action of the Liaison Committee on Medical Education ("LCME").

Because of the complexity and interrelationships among the issues being addressed by Meharry, the Veterans Administration decided to bring the matter of Meharry's situation to the attention of the White House. On May 14, 1982, I telephoned and wrote to the secretary of the LCME and requested that the Committee postpone making any recommendation or taking any action concerning Meharry until the interested parties had the opportunity to assemble and collectively address the issues involved.

Shortly thereafter, the White House formed an interdepartmental task force. The task force's membership consists of representatives of the Veterans Administration, the Department of Health and Human Services, the Department of Education, the Department of Justice, and the Office of Management and Budget. The task force was charged with reviewing the degree of Federal involvement with Meharry and making recommendations as to the steps the Federal Government might take to assist Meharry in meeting its mission.

On June 25, 1982, the President's decision, based on recommendations of the task force, was announced. With respect to the Veterans Administration, the President directed the following:

"The Veterans Administration will move expeditiously to expand the existing affiliation between Meharry Medical College and the Murfreesboro, Tennessee, Veterans Administration Hospital. This will provide, over the next one to three years, an additional 100 to 200 teaching beds in internal medicine and surgery. This action will both expand the resources in the mid-Tennessee area for providing services to veterans, as well as provide Meharry with an expanded educational base for its medical student and housestaff training programs."

Despite those efforts, the Liaison Committee on Medical Education notified Meharry Medical College on June 30 that its accreditation would be continued for one year on a probationary status. The Liaison Committee will visit the Meharry campus late in 1982 to check for improvement in the academic standards and training and will reconsider Meharry's accreditation in 1983.

Since the President's decision, the VA has moved as expeditiously as possible to expand the existing affiliation. The VA's implementation involves both an increase in internal medicine beds and surgical beds. Because the Murfreesboro VA facility does not presently have surgical capability, it is necessary for the VA to undertake both construction and renovation of the facility to provide this service. This construction and renovation alone is estimated to cost, when completed, $17,000,000.00.

The undertaking of the requisite construction requires technical planning and implementation as well as Congressional action. On July 6th, 7th and 8th, 1982, immediately following the President's decision, a VA Department of Medicine and Surgery Task Group visited the Murfreesboro facility and studied the possible options for the construction. Workload staffing data, bed distribution, and space requirements were and are being developed by the Facility Planning Service in the VA Central Office. The VA's Office of Construction made a second site visit on July

20th, 21st and 22nd, 1982. These efforts have enabled the VA to proceed rapidly with the requisite preparation for the selection of the construction concept and development of the scope of work. This process will be followed by the preparation of preliminary drawings and working drawings, preparation of invitations to bid, construction contract award, and actual construction. Over the next one to three years, an additional 100 to 200 teaching beds in internal medicine and surgery will be added at the Murfreesboro facility. This action will both expand the resources in the middle Tennessee area for providing services to veterans as well as providing Meharry Medical College with an expanded educational base for its medical student and housestaff training programs.

During this same period of time, officials of Meharry have met with VA officials from Murfreesboro and from Washington, D.C. On July 26, 1982, four additional Meharry medical housestaff positions were allocated to the Murfreesboro VA facility. Those four are in addition to the two psychiatry housestaff positions already allocated for a total of six housestaff positions at the present time. The plan is to increase the allocation to nine positions during the academic year as additional housestaff can be recruited. In the academic year beginning July 1983, the allocation will expand to 14 housestaff positions. The present plan is for a total of 32 housestaff by 1987.

The VA's construction process and program is governed by the provisions of title 38, United States Code, sections 5001 and following. Pursuant to these statutes, the VA transmitted to both the Senate Veterans' Affairs Committee and the House Veterans' Affairs Committee a request for a resolution authorizing the design phase of the Murfreesboro construction. On August 11, 1982, the VA requested that both the Senate and House Appropriations Committees reprogram $1.7 million from the VA's Major Construction Working Reserve to the Murfreesboro project for expenditure in connection with the design phase. On August 18, 1982, the Senate Appropriations Committee amended The Committee's report language to recommend that $1.7 million be made available for the Murfreesboro project. We anticipate that the House of Representatives appropriation committee will address the issue when the two Houses conference following Senate enactment of the appropriation bill. We are hopeful that the Senate and House Veterans' Affairs Committees will address our request for resolutions by mid-September.

Mr. Chairman, this concludes my testimony. We will be pleased to answer any questions.

STATEMENT OF COMMISSIONER WILLIAM H. RODEN, TENNESSEE DEPARTMENT OF VETERANS' AFFAIRS

Mr. Chairman and Members of the Subcommittee, thank you for the privilege of appearing before this distinguished Subcommittee. My name is William H. Roden. I am Commissioner of the Tennessee Department of Veterans Affairs. As a member of Governor Lamar Alexander's Cabinet, I bring you warmest greetings from the Executive branch of State Government in Tennessee and offer the services of my office to assist your Subcommittee in any way possible.

As Commissioner, I am honored to serve and work with more than 535,000 veterans and their dependents who currently live in Tennessee. My remarks shall be directed toward what I perceive to be the major concerns of veterans in Tennessee with regard to one of the topics you have selected for this hearing, namely, the need to expand medical services to area veterans served by the Veterans Administration Medical Center in Murfreesboro.

First of all, Mr. Chairman, I wish to express to you, as our Tennessee Congressman and a member of the Veterans Affairs Committee of the United States House of Representatives, our deep appreciation for your diligence, along with your colleagues, in securing a postponement by the VA Administrator of the decision to excess a portion of the land currently located at the Veterans Administration Center in Murfreesboro. Those 58 acres of land are not excess to the needs of the Center now or in the future. I am certain that I speak with the full support of all veterans in Tennessee when I ask you to take whatever steps are necessary at the Federal level to assure a permanent decision to leave the current land intact at the Murfreesboro Veterans Administration Center. The very purpose for which you are in Nashville today is ample evidence that to dispose of that or any other land at the Murfreesboro site would be short-sighted and not in the best interests of veterans, present or future.

Data provided by Mr. Robert S. Pepiot, Director of the Veterans Administration Medical Center at Murfreesboro, indicate that the Center serves some 26 counties in

South-Central and South-East Tennessee, along with others in Alabama and Georgia. Some 110,000 veterans currently reside in those 26 Tennessee counties. This represents one of each five veterans who reside in our State.

Of these 110,000 veterans living in these 26 counties of Tennessee, nearly 45,000 are veterans of World War I or II, whose average ages are 87 years and 62 years respectively. The average age of these 110,000 veterans is 55.8 years. More than two of every three veterans living in Tennessee is 50 years of age or older.

The Veterans Administration and the Office of Budget and Management demographic data indicate that within the next four years, the Veterans Administration hospitals will need some 10,000 additional beds for patients 65 and older. The number of veterans needing nursing home care is projected to more than double, from 120,000 in 1980, to 272,000 in the year 2000. Every five years after 1985, another four to five million veterans will join the over-65 groups; by 1995, the total will be nearly triple the 1980 level.

The more significant demographic data provided by these federal agencies are reflected in the statement that, "veteran over 65 traditionally have required five times as much health care as those under 65 years of age".

A brief analysis of the above facts points to the need of increased medical care for veterans in the very immediate future. Since Tennessee showed a 17 percent growth in population as evidenced by the 1980 Census, it becomes apparent that the need for increased medical care for veterans in Tennessee has become a reality. The next 10 years will probably show an even greater population growth as industry moves to our State and as more people move here upon retirement due probably to our location in the Sun-belt area.

Now, Mr. Chairman, I would like to direct your attention to the major concerns of Tennessee veterans regarding medical care and practice in the Veterans Administration Medical Centers located in our State.

The admitting practices of the Veterans Administration Medical Centers and Clinics in Tennessee appear to be consistent with the Veterans Administration priority criteria for such admissions. In general, veterans have accepted those priority criteria and have no quarrel with the manner in which they are administered; however, the non-service-connected veteran under 65 years of age who is chronically ill must be denied admittance to a Veterans Administration Medical Center in many cases. This is due to the limited capacity of the particular hospital, which is a reflection of budgetary limitations. This problem is becoming a major concern for many veterans in Tennessee.

The quality of health care rendered by the Veterans Administration in Tennessee is second to none. Once a veteran is accepted for admission/treatment at a Veterans Administration medical facility, there is a general feeling among veterans and their families that the care/treatment are as good as can be provided anywhere.

With more than 207,000 veterans of World War I and II living in Tennessee, whose average ages are 87 years and 62 years respectively, the future needs for medical services/care fast becomes a major concern of these veterans. This need can be met by expanded geriatrics research, education and clinical programs. The Veterans Administration Medical Center at Murfreesboro is a logical place for such an expansion due to the nature of the majority of the patients being treated there and the prime interest of the medical staff in geriatrics. The average age of current patients in the Veterans Administration Hospital at Murfreesboro on August 1, 1982, was 63+ years.

Mr. Chairman, the quality of medical care rendered by the Veterans Administration in Tennessee is not the major concern of our veterans; rather, we are concerned about the quantity of such services that are and will continue to be available to eligible veterans. When less than one per cent (1%) of the nonservice-connected patients who are treated at our Veterans Administration Medical Centers state an ability to pay for medical services, the matter of quantity becomes a prime concern for any veteran, especially an over-65 veteran. More than 220,000 of Tennessee's living veterans are 60 years of age or older and the relatively low income of Tennessee families compounds this problem.

With the veteran population growing older and thereby needing much more medical care, with an increasing population projected for the State during the 1980's, and with the relative low income of Tennesseeans, there is need for increased medical services to veterans. Mr. Chairman, the proposed renovation/expansion of the Veterans Administration Medical Center at Murfreesboro is an excellent approach to providing these needed services to veterans located in the South-Central and South-East parts of the State. At the same time, these additional capabilities for expanded services could be designed/utilized to relieve some of the pressure on the

Veterans Administration Medical Center at Nashville and possibly the Veterans Administration Medical Center at Mountain Home in upper East Tennessee.

Finally, Mr. Chairman, speaking for the 535,000 veterans across the State, I would urge your support of measures which will assure the continued high quality of medical services to veterans in our State while at the same time taking steps to increase the quantity of services to be made available to those men/women who have offered their lives in the preservation of our Nation.

This concludes my statement, Mr. Chairman. I thank the Subcommittee for its generous work in behalf of veterans and especially are, the veterans of Tennessee, appreciative of your coming to our Capital city to hear our remarks concerning medical care for veterans.

○